

## Project Proposal No Orphan without Education – HT207 \_\_\_\_\_\_ District Oper

al Field Operations 24 Hathi Dar indh 78100 ax: 522104

### Project P

No Orphan with Educ (Insert Occo (Inser

(r)

**By:** erson)

/ Country Manager

Accounts Manager CFO

Date: \_\_\_\_\_



### Project Proposal No Orphan without Education – HT205PP \_\_\_\_\_\_ District Operatio

tral Field Operations
424 Hathi Dar
Sindh 78100

Sindh 78100 Fax: 522104

**<u>Please Note:</u>** Hidaya Trust is a charitable organization. It is Hidaya Trust's firm activities that are politically or religiously motivated. Hidaya Trust only supports society at large, and directly benefit people at individual or collective levels.

#### 1.0 Project Objective

The purpose of this project is to support the orphans, the wonly their basic living needs are met with dignity, but also being - so that they can become productive members of their living, 2) educational expenses, and 3) on-going school regularly and that his/her all obstacles are revilife, a monthly allowance will also be provided to

This project falls under Hidaya's Educational members of society in meeting their education team who understand the rewards of servin may cost more to maintain a larger than property.

This project is designed to support or their higher education beyond 12<sup>th</sup> g

ndaya result, it

s support for

### 2.0 Project Summary

Project details / questions	Jumn
Proposed project name	
Occasion / Event / Month / Y	
Objective of the project	e to Orphans
Total funds (in Rs.) bein	
Source of funds (guide	Non-Zakat □
Estimated project st	
Estimated project	
Type of assistar	
Total number	
Cities/Toy	
executed	
Projeg	
and	
<b>P</b> /	
/	
	<u> </u>
	/

HT205PPI

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#### Project Proposal an without Education – HT205PPl District Operations

**Central Field Operations** 

25 / 424 Hathi Dar Shikarpur, Sindh 78100 Tel: 0726 – 522122 Fax: 522104 cfo@hidayatrust.org

W for every recipient; keep one copy at the district office and submit

if he/she is submitting a business plan for approval from a

section will determine the eligibility and approval process.

convince Hidaya Trust that he/she has thought in the form of a detailed write-up.

s must be taken for records and submission to

to CFO and photocopies should be kept for

FO three competitive bids for all t the only reason to select the part of the purchasing

so you can successfully

• 2

- Genu District
- For Banne
- District office materials/comm supplier. The rep decision.
- Make sure to read thro execute the project and of

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### 3.0 Project Planning

#### Provide detailed responses to the questions asked by

answer each question with adequate details to ensure project will be executed):

- 3.1. Project Management
  - a. Who will manage the overall project? How many
  - b. Who will be the backup project manager?
  - c. How many supporting resources (team of project in a timely and effective mann table 4.3).
  - d. What will each of the team member
- 3.2. Project Task Dates, Deadlines as
  - a. What is the estimated start de
  - b. What is the estimated com
  - c. Will this project be on
  - d. How often project
  - e. In what format
- 3.3. Beneficiaries
  - a. Who will b
  - b. How w
  - c. Hoy

**d**./

/1, 3 or 6 months?)

terim completion report?)

Ations?

ciaries to judge their eligibility under

identified?

is effort?

pend (cash) for their day-to-day living as well as in-kind ational supplies, etc.).

ion of in-kind material, if applicable? How will a smooth, ensured?

the the



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ral Field Operations 424 Hathi Dar Sindh 78100 Eax: 522104

- b. Will the orphan's mother be given any stipend? If yes, how 4.1
- c. If the orphan's mother knows stitching or any other to earn and stand on her own feet?
- d. What amount of stipend in the form of cash w school grades for their living needs? (*Provide t*)
- e. What items will be distributed? How much 4.3)
- f. Where will the distribution take place office, School or other location (iden)
- g. What security measures will be well as that of beneficiaries?
- 3.5. Purchasing
  - a. What in-kind material(s)
  - b. What material(s) will provide the name(s)
  - c. What are the nammaterial?

Note: The document telephone number,

3.6. Project T

a. List a

Field on team as other areas? Please om and for what with the business name, address, sector in charge, media, etc.)

surprise visits once or twice a month to school to make sure the

eting with the teacher once or twice a month to discuss the child's

dow/orphan dow/orphan

attention



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rsions do you expect to face during the life of this project (examples: ls, groups or parties?)

face in implementing this project?

ed in the project? (For example self-employment project for computers, small business, etc.)

tion or feedback that you feel will help Hidaya Trust

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#### for Orphan's Widowed Mothers / Guardians (Cash Assistance)

Total Monthly Amount (Rs)	Total Half Yearly Amount (Rs)
	<del>_</del>



## Project Proposal No Orphan without Education – Project Proposal District

#### 4.2 Monthly Sliding Scale Disbursement of Stipend for Orphans (C/

		•				
	Age of Orphan	Class / Grade Level	Orpho May Mor			
	0-5	Pre-School	7			
	6	1				_
	7					
	8					
	9				/	
/						
				1		

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4	Kind Assistance fo	r Orpha	<u>ins</u>						
	Uniform Four	Shoes (Two Pairs)	Stationary	Books Misc.	Per Orphan Yearly Expense	Per Orphan Monthly Expense	Number of Orphans	Total Monthly Amount (Rs)	Total Half Yearly Amount (Rs)
		400	100	0					
			100	500					
$\geq$			100	500					
No.				500					
9				500					
10 11 6									
12 7									
13 8									
<b>14</b> 9 0	_				Ì				
<b>15</b> 10 0									
<b>16</b> 11 1000	1000								
17         12         1000           18         13+         0	1000								
10 15+ 0									
									/

(		
	Hidaya Trust vw.hidayatrust.org /	
	<del></del> /	

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4.4 Proje

a I i h i Total Overhe

Vine items actually needed for this project)

	Cost (Rs)	Comments
K	.00.	
	.00.	
	.00.	
	.00	
	.00	
7		

#### 4.5 Total Expected C

Total Exp (Stipend + In-Kind -

I hereby certify that I will make su activities) will not benefit from Hida,

Project Manager's Name

Date \_\_\_\_\_

#### Reviewed and approved:

Operations Manager's Name\_\_\_\_\_

Signature\_\_\_\_

nd /or terrorist