



**Hidaya Foundation**  
www.hidaya.org

# Application for Assistance Vocational Training – Sewing Center – District Office

*False information or incomplete form may cause*

**Headquarters**  
PO Box 5481  
Ft. Collins, CO 80526  
Phone: 970-244-3282

1. Is the applicant eligible to receive Zakah:  Yes  No Why? \_\_\_\_\_
2. Name of Applicant: \_\_\_\_\_
4. Applicant's National ID No: \_\_\_\_\_  
(Attach a photocopy)
6. Complete Address: \_\_\_\_\_  
\_\_\_\_\_
7. In which field applicant wants training (choose from below):  
 Sewing  Embroidery  Knitting
8. Already have some skills in selected field:  Yes
10. Does Applicant work:  Full Time  Part Time
12. Has Applicant or family member received any financial help from \_\_\_\_\_
13. If yes, how much? \_\_\_\_\_ 13a. And \_\_\_\_\_
14. Father or Husband's Name: \_\_\_\_\_  No
16. Total Family Members: \_\_\_\_\_ 16a. Male Adults \_\_\_\_\_
18. Total Monthly Family Income: \_\_\_\_\_
20. Is the Applicant or family affected by Death in \_\_\_\_\_
21. Does family own home or rent?  Home \_\_\_\_\_
22. Two references who can verify applicant's information: \_\_\_\_\_

Name	Tel. Numbers & E-mail Address

### Statement by applicant

I understand that I am providing information. I understand that I have no links to any terrorist organizations or groups. I further certify that I have no links to any terrorist organizations or groups. If the information I have supplied is incorrect or false, I understand that the Hidaya Foundation can verify applicant's information. I further certify that I have no links to any terrorist organizations or groups. If the Hidaya Foundation finds that the information I have supplied is incorrect or false, I understand that the Hidaya Foundation can verify applicant's information. I further certify that I have no links to any terrorist organizations or groups.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**and attach to this document**

Has File \_\_\_\_\_ What date? \_\_\_\_\_  
Yes  No  What date? \_\_\_\_\_  
Date: \_\_\_\_\_



Hidaya Foundation  
www.hidaya.org

**Project Proposal**  
**Vocational Training – Sewing Centre – HF225PPI**  
\_\_\_\_\_ **District Operations**

**Headquarters**  
PO Box 5481  
Santa Clara, CA 95056  
Tel No: (408) 244-3282  
\_\_\_\_\_@hidaya.org

# Project Proposal

**Vocational Training –**  
**Education For**  
*(Insert Occasion/Event)*  
*(Insert District)*

**Proposed By:**  
*(Name of Person)*

\_\_\_\_\_  
Country Manager  
Hidaya Foundation

\_\_\_\_\_  
Treasurer  
Hidaya Foundation

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

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



Hidaya Foundation  
www.hidaya.org

**Project Proposal**  
**Vocational Training – Sewing Centre – HF225PPI**  
**District Operations**

**Headquarters**  
PO Box 5481  
Santa Clara, CA 95056  
Tel No: (408) 244-3282  
mail@hidaya.org

**Please Note:** Hidaya Foundation is a charitable organization. It is Hidaya Foundation’s firm policy that it does not support projects or activities that are politically or religiously motivated. Hidaya Foundation only supports projects/activities that protect and improve the society at large, and directly benefit people at individual or collective levels.

**1.0 Project Objective**

The purpose of this project is to provide vocational training to the underprivileged for the purpose of earning stable income for the family. In today’s environment, for an individual to lead a half-decent life requires some type of vocational skill or training. Underprivileged women are attending Sewing Training classes arranged by Hidaya so they may learn a trade of their own. This contributes to breaking families out of the perpetual poverty cycle and improve their lives.

**2.0 Project Summary**

Project details / questions	Please fill in
Proposed project name	Vocational Training
Occasion / Month / Year	
Objective of the project	
Total funds being requested in USD (\$)	
Total funds in local currency being requested	
Expected Currency Exchange Rate on the date of Conversion	
Source of funds (guidelines for each must be provided)	<input type="checkbox"/>
Estimated project start date	
Estimated project completion date	
Type of assistance to be provided to beneficiaries	
Total number of beneficiaries expected	
Cities/Towns/Villages where project will be executed.	
Project/Program Manager Name and e-mail address	
Backup Project Manager Name and e-mail address	
Name(s) of beneficiary	
purpose of the project	
Name of beneficiary	

...recipient; keep one copy at the district office and submit original form  
...in detail. It is suggested that the requestor write the details as if he/she is  
...approval from a financial institution  
...thought process behind each section will determine the eligibility and approval process.



- Special emphasis should be given to project planning, project management, review, do reporting processes and budget details to ensure that the requestor can convince Hidaya Found through every detail in his/her mind and spelled it out in writing
- Photographs and/or Videos of the distribution at various times/days must be taken HQ
- Genuine original receipts for all purchased material must be submitted to District Office's local records, please do remember that Hidaya Found third party and we need these receipts for that purpose.
- District office should keep in mind that they may be required to a materials/commodities they intend to purchase. Please note, the supplier. The reputation of the supplier and product quality decision.
- Make sure to read through the Project Completion Rep successfully execute the project and capture all the

### **3.0 Project Planning**

**Provide detailed responses to the questions below. You are needed to answer each question with a clear and concise response. How well the project will be executed will be evaluated.**

#### **3.1. Project Management**

- Who will manage the project? Who will be the main contact person? Have?**
- Who will be the project manager? Who will be the main contact person? Have?**
- How many staff members (volunteers) will be used to help execute the project?**
- Why are you choosing this location?**

#### **3.2.**

**How often will progress reports be presented to HQ? (Every 15 days, 1 month, 3 months or 6 months)**

**What type of reports will be presented to HQ? (Presentation, Overview or Interim report?)**

**What are the socio-economic conditions of the area?**

**Who will be selected?**

**What investigation be performed for all beneficiaries to judge their eligibility under the guidelines?**



- d. How many total poor will benefit from this project?
- e. Will more poor added to the project as they will be identified?

**3.4. Preparation, Logistics and Course Duration**

- a. What will be the total duration of the sewing centre classes (in months)?
- b. How many levels will be offered?
- c. What are the total credit hours for each level and year?
- d. What abilities students have after completion of the course?
- e. How many instructors will be needed to teach the course?
- f. What will be the salary for each instructor?
- g. How many sewing machines and other equipment will be needed?

**3.5. Purchasing**

- a. What consumable and non-consumable materials will be used? Please provide the name(s) of the supplier(s).
- b. What material(s) will be used? Please provide the name(s) of the material(s).
- c. What are the estimated costs for each material and for what purpose?

*Note: The document should include the business name, address, telephone number, and contact person.*

**3.6. Project Management**

- a. What are the major risks to face during the life of this project?
- b. How will you manage these risks?
- c. How will you monitor and evaluate the progress of the project?
- d. How will you ensure the successful implementation of this project?

**3.9. Other**

Provide any other information or feedback that you feel will help Hidaya Foundation in its projects.



**Hidaya Foundation**  
www.hidaya.org

**Project Proposal**  
**Vocational Training – Sewing Centre – HF225**  
**District Operatio**

**Headquarters**  
PO Box 5481  
Santa Clara, CA 95056  
Tel No: (408) 244-3282  
mail@hidaya.org

**4.0 Average Project Costs**

**4.1. Cost of Non-Consumable Materials / Commodities:**

S. No	Name of Items	Number of items	P
1	Sewing machines		
2	Motors for sewing machines		
3	Scissors		
4			
<b>Total</b>			

**4.2. Cost of Consumable Materials / Comm**

S. No	Name of Items	N	P
1	Stitching paper		
2	Stitching Thread		
3	Pencils		
4			
<b>Total</b>			

**4.3. Overhead Cost: (**

	List of other costs	Comments
a	District office	
b	Loading, Un	
c	Salary of	
d	Photos	
e	Doc	
f	B	
g		

.00
ncy 0.00 = \$0.00
\$ .00

...society (those who are involved in criminal and /or terrorist  
...itarian project.

Signature: \_\_\_\_\_

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