**APPLICATION**

**D: UNFORESEEN DISABILITY COMPENSATION**

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| **Cover page** |

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| **Information about the project to which this application is linked:** | HP reference number:  Title:  Country of cooperation: |

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| --- | --- |
| **Danish applicant organisation** (financially responsible): |  |
| **Contact person** from the Danish organisation[[1]](#footnote-1): | Name:  Email address:  Telephone number: |
| **Any other Danish partner organisation(s):** |  |
| **Local partner organisation(s) in country of cooperation:** |  |

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| --- | --- | --- | --- |
| **Amount applied for:** | **Total Amount:**  DKK | | |
| **Period in which disability compensation will be used:** | **Start** date:  Click here to insert a date | **Completion** date:  Click here to insert a date | Total number of months: |
| **Signature of applicant organisation’s legally authorised representative:**  The signature **attests to** the organisation’s commitment to this application for **disability compensation**, and that it isin conformity with the Disability Fund’s guidelines, including the financial requirements. It also **confirms** that the signatory legally represents the organisation. | |  |  |  | | --- | --- | --- | | Click here to insert a date. |  |  | | Date |  | Signature of legally authorised representative |   Place Name of representative (block letters) | | |
| **Who will benefit from the disability compensation?** |  | | |
| **Full name of any disability assistant, interpreter etc. whose work will be financed:** |  | | |
| **Have you received advice from DPOD in relation to this application?** | Yes  No | | |

##### Guide

##### As a general rule, disability compensation must be entered into the activity budget of the other types of application, as it is an integral part of any project. Nevertheless, this form can be used to apply for unforeseen disability compensation in order to cover additional unforeseen costs associated with participation in activities in the course of a project period.

##### Cover page Key information about the applicant(s) and intervention for which funding is applied, as well as the signature of the organisation’s legal representative.

##### Part I Application text. This must describe:

##### ● The background to the application

##### ● The reason why disability compensation had not been foreseen

##### Part !! Budget summary Information about the total amount applied for, and how expenses are distributed between the various budget items.

##### Advice and assistance: The Guidelines for the Disability Fund, which are available at [international.handicap.dk](http://international.handicap.dk/), provide tips on the application process, how to craft a good project, and explanation of conditions and requirements in force for each type of application. Moreover, DPOD’s advisors are always ready to assist. They can be reached by email at: [ais@handicap.dk](mailto:ais@handicap.dk).

##### Submission of application:

##### Application, annexes and checklist should be emailed to: [ansogning@handicap.dk](mailto:ansogning@handicap.dk)

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| I. Application text *(suggested length: max 2 pages)* |

## 1.a Background regarding activity and participant

#### What is the activity in question which requires disability compensation?

#### Provide brief background information on the applicant’s role in the Danish organisation in relation to the project and the activity concerned.

## 1.b Explanation of needs for disability compensation

#### Briefly explain what the disability compensation will cover, e.g. personal assistant, sign language interpreter, special transport, or other expenses.

#### Briefly explain why the disability compensation was not included or foreseen in the original budget of the project application.

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| **II. Budget summary** |

Indicate the budget items you are seeking funding for in the table below. Provide an explanation of individual cost items if deemed necessary.

|  |  |  |
| --- | --- | --- |
| Expense | Amount in Danish kroner (DKK) | Explanation, if necessary |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Total: |  |

*Insert more rows into the budget if necessary.*

## Disability compensation from other funds or public authorities

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| --- | --- |
| Planlægges det at ansøge om handicapkompensation fx hos kommunen, anden myndighed eller anden pulje? Hvis ja hvad skal denne dække. |  |
| Er der søgt/bevilliget handicapkompensation andre steder, fx hos kommunen, anden myndighed eller anden pulje? Hvis ja hvad dækker denne. |  |
| Er der blevet ansøgt om handicapkompensation fx hos kommunen, anden myndighed eller anden pulje, men I har modtaget et afslag? Hvis ja uddyb dette. |  |

1. Approved applications are uploaded to DPOD’s international website for the sake of transparency within the Disability Fund and in order to inspire others. If you do not wish your contact details to be published through this channel, please, write so to: [ansogning@handicap.dk](mailto:ansogning@handicap.dk). You may at any time withdraw your consent. [Read more about DPOD’s data protection and privacy policy](https://handicap.dk/om-dh/privatlivs-og-databeskyttelsespolitik). [↑](#footnote-ref-1)