**UNIVERSAL HEALTH REPORTING GRANT APPLICATION FORM**

**Part 1**

**NAME OF JOURNALIST:** …....................................................................................................................... **MEDIA HOUSE:** ...................................................................... **TOWN/REGION:** …................................................................ **MCK NO:** ............................. **MPESA REGISTERED PHONE NO**.................................................. **EMAIL ADDRESS** …………………………………………………………………………… **GENDER** ………………..**PERSON WITH DISABILITY (YES / NO)** …….....…………....

**Part 2: Story Idea (in 150 words or less) please provide the following information. Submit the story idea on a different page but observe the word limit**

a)What is the working title of your story? Describe your story idea indicating its relevance, people to be interviewed and where it will be published/aired ……….........................................................................................................................................................................................................................

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**Part 3: Mentorship**

a) Is there any assistance (technical, editorial, or both) you may require f rom the Media Council of Kenya to produce this story? Yes/No: If yes describe ………...............................................................................................................................................................................................................................

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**Part 4: Publication of the story-Confirmation by Media House**

The part below must be filled by the media outlet and a representative of the media house such as an Editor or Manager to

sign this form as proof for their consent.

I .................................................................................... undertake to publish and /or air articles/stories by ....................................................................................

and to fill the feedback form within a week of airing the story.

MEDIA OUTLET NAME/POSITION OF REP AND SIGNATURE DATE

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PHONE NUMBER ……………………………………………………………………………… EMAIL CONTACT ……………...................………………………………………….……………………….

**PERSONAL COMMITMENT:**

Note that you are fully liable as a journalist in the execution of this grant. MCK will not be responsible for your professional

negligence in the execution of this grant. By signing below, you commit to abide by all the terms and conditions of the grant.

**Terms and conditions:**

a) Only journalists accredited by MCK can apply for this grant (attach your MCK accreditation card)

b) To use the grant for the purposes for which it was issued only c) To update MCK on your progress through your mentor

d) To deliver the story within the set deadline or inform MCK in case of any challenge e) To refund MCK the funds fully if the story is not executed as promised.

f) Grantee is responsible for social security, legal and all tax obligations for this grant

g) MCK takes no responsibility for accidents/sickness or any loss/damage of personal property during travels related to this grant h) No additional costs will be covered beyond the Travel grant

**HEALTH REPORTING GRANT APPLICATION FORM**

NAME OF APPLICANT SIGNATURE DATE

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Do not write below this Line

**FOR MCK USE**

Reviewed by: ......................................................................................................................................................................................................... Name of mentor if any: ................................................................................................................................................................................... Recommended by:............................................................................................................................................................................................. Amount granted: ................................................................................................................................................................................................ Approved by: ..........................................................................................................................................................................................................

Date disbursed: ………............**/**........................**/**..................