

TURKANA COUNTY GOVERNMENT



OFFICE OF THE COUNTY EXECUTIVE COMMITTEE MEMBER

MINISTRY OF TRADE, GENDER AND YOUTH AFFAIRS

DEPARTMENT OF GENDER AND YOUTH AFFAIRS

PHASE II LOAN APPLICATION

YOUTH AND WOMEN EMPOWERMENT FUND APPLICATION FORM

This form is to be completed in duplicate (original to be sent to the County Youth and Women Fund Management Board, and copy kept by the group).

1. GROUP DATA

Group name.....P. O. BOX..... Date of

Registration.....Reg.No/serial No.....

Bank.....Branch.....Bank A/C No.....

2. (i). LOCATION OF BUSINESS

Village.....

Nearest church/primary school to the business.....

Name of Village Administrator.....

Ward..... Tel..... I certify that I know the members of the group and that they are of good conduct to access public funds.

Signature.....Official Rubber Stamp.....Date.....

(Mandatory)

3 (ii) LOCATION OF THE GROUP

Sub-county.....Ward.....

Name of Ward Administrator.....Tel No....., I certify that I know the members of the group and that they are of good conduct to access public funds.

(Mandatory)

4. MEMBERSHIP PROFILE.

S/NO	NAME	Gender	Designation	ID NO	PHONE NUMBER	LOCATION OF BUSINESS	SIGN
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
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15.							
16.							
17.							
18.							
19.							
20.							
21.							
22.							

Signature of Chair Person.....Official stamp.....Date.....

5. BRIEF BACKGROUND OF THE GROUP

i). Purpose/objective (e.g.) improve Economic well-being of members.....

ii) Key activities.....

iii) Achievements.....

v) Challenges.....

6. AMOUNT OF FUNDS APPLIED FOR

Funds applied for Kshs.....

7. STATE THE TYPE OF PROPOSED BUSINESS. Is it a start-up or expansion?

- a). Business type (Tick) i). Start up (New).....ii) Expansion.....
- b). Does the group have a joint/common business? YES.....NO.....
- c).If NO, state whether you want to start one jointly or each individual will own his or her own.
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8. BUSINESS INDIVIDUAL MEMBER PROPOSES TO UNDERTAKE.

Complete the table below.

S/NO	NAME OF MEMBER	NATURE OF BUSINESS	NEXT OF KIN NAME	RELATIONSHIP	MOBILE NO. OF NEXT OF KIN	SIGNATURE
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10						
11						
12						
13						
14						
15						
16						

9.0 GROUP DECLARATION

We, the undersigned, being the validity elected leaders of the group hereby commit the group individually and jointly to adhere to the terms and conditions of this funds regulations. We also confirm that the above information is true and authorize the Fund to;

- i). Share information of our performance history with the Registrar of Culture and Social Services. ii). Confirm bankdetails with our bank as and when necessary.

a). Chairperson.....ID No.....Tel No.....Signature.....Date.....

b). Secretary.....ID No.....Tel No.....Signature.....Date.....

c). Treasurer.....ID No.....Tel No.....Signature.....Date.....

NB: Please attach 3 current signed minutes of the group meetings that agreed to the terms and conditions of the fund.

FOR OFFICIAL USE

10. Recommendation from the County Youth and Women Fund Management Board. Reasons for recommending approval/decline.....
.....
.....

Chairman.....Tel.....ID no.....Date..... Signature.....
Secretary.....TelID No.....Date..... Signature.....

Minute No.....Date.....

We have validated and technically assessed the proposal and we recommend as follows:

Approved: Amount Ksh.....in words.....

Deferred:

Reasons.....
.....

Rejected: Reasons

.....
.....

Signed by chairman.....

Witnessed by secretary.....

Minutes signed by all Board members sitting on date.....

11. Check list of copies of documents attached

- Renewed Certified copy of registration certificate by social Services.
- Bank Account details
- Copies of ID of all members
- Signed List of Members with Phone Numbers.
- Business Proposal
- Group Constitution
- Two copies of Signed Minutes of the group for the previous meetings and one Minute requesting for the application of this fund.
- Fully filled application form {USE BLOCK LETTERS}

I, Mr/Mrs/Ms.....Secretary of Youth and Women Fund Management Board..... , confirm that all the documents are attached and relevant information captured.

Signed.....Date.....

Application No.....

Date Recommended.....

Date sent to Officer administering the Fund.....

Secretary.....

This form is not for sale but can be copied, printed and photocopied for purposes of furthering this regulation only.
Turkana County Government.