

TURKANA COUNTY GOVERNMENT



**OFFICE OF THE COUNTY EXECUTIVE
MINISTRY OF TRADE, GENDER AND YOUTH AFFAIRS**

Ministry Headquarters

P.O Box 11-30500, Lodwar

Cooperative Building- Next to County Assembly Chambers

APPLICATION FORM FOR YOUTH AND WOMEN EMPOWERMENT FUND.

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.

Signature.....Official stamp.....Date.....

(Mandatory)

4. MEMBERSHIP PROFILE.

GENDER	No of members	Members with disability
Male		
Female		
Total		

5. BRIEF BACKGROUND OF THE GROUP.

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

ii) Key activities.....
.....
.....
.....

iii) Achievements.....
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.....
.....

v) Challenges.....
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6. AMOUNT OF FUNDS APPLIED FOR

Funds applied for Kshs.....to be repaid within 24 months with an interest rate of 3%.

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 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 bank details 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.....
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.....

Chairman..... Tel..... ID no.....Date.....

Signature.....

Secretary..... Tel ID 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

- Certified copy of registration certificate.
- Bank A/C details: Bank statement or bank opening slip
- Copies of ID of all members
- Minutes of the group’s last meeting requesting for funds
- A signed membership list for each youth or women group
- Duly filled application form
- A brief proposal on the needs of the group and budget guidelines on how funds and profits shall be revolved among members

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.....