

# 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	No. of Members	Members with Disability
Male			
Female			
Total			

Signature.....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.

**8. BUSINESS INDIVIDUAL MEMBER PROPOSES TO UNDERTAKE.**

Complete the table below.

S/NO	NAME	ID NO	NATURE OF BUSINESS	MOBILE NO	NEXT OF KIN	RELATIONSHIP	MOBILE NO.	SIGNATURE

**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.....

.....  
 .....

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
- Copies of ID of all 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.....

*This form is not for sale but can be copied, printed and photocopied for purposes of furthering this regulations only.*

*Turkana County Government.*