



## MINISTRY OF AGRICULTURE APPLICATION FORM FOR COMPREHENSIVE AGRICULTURAL GRANT PROGRAMME.

**Application Ref No:**

*For office use only*

To obtain adequate information about this grant scheme, please contact us via the Ministry Grant Committee Email Address [info@minofagric.com](mailto:info@minofagric.com)

Complete the form in full as directed. If the information required is not applicable, please write 'N/A'. Incomplete forms will not be considered for further processing.

- Ensure you complete a single application per (INDIVIDUAL, GROUP, COMPANY/ENTERPRISE OR CO-OPERATIVE) Farming /Agribusiness.
- Multiple applications of the same person, group, enterprise or cooperative will be rejected.
- Failure to provide accurate information on this application form may result in disqualification or recovery of grant.

**COUNTY:**

**DISTRICT:**

### PROJECT CONTACT DETAILS

**Agribusiness/Farm Name**

**Trading Name/ Legal Entity Name (if applicable)**

Reg Number:

**Physical Address**

### CONTACT PERSON

Title:- **Mr/ Ms/ Dr** Full Name(s):- \_\_\_\_\_

Surname:- \_\_\_\_\_ Position:- \_\_\_\_\_

Email:- \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Briefly describe the reason for the grant application**

**Kindly Describe the nature of your Farming / Agribusiness into details below**

Are there any disabled members in your farm/agribusiness?

Yes

No

If yes, how many members are with disabilities?

### **HIGHEST LEVEL OF EDUCATION**

**(please attach a copy to application form)**

Postgraduate degree

Undergraduate degree

High school diploma/certificate

Some secondary or primary education

Vocational training

No formal or vocational education

### **PROOF OF CITIZENSHIP**

**(please attach a copy to application form)**

1. Passport

2. National ID

3. Voter Registration Card

Others (please specify)

### **FARM/AGRIBUSINESS OWNERSHIP**

**Describe the ownership of your farm/agribusiness into details**

**Total amount of grant being requested. (MAX USD 850,000)**

**GRANT PROPOSAL**

**Please give a full description of the proposed activities for which the grant will be used.**

**Briefly description of operations to be undertaken**  
(attach separate sheets if necessary)

**How will the grant be used to support the proposed operations?**  
(Provide a breakdown for associated costs)

**Detailed plan of proposed operation**

(attach work plan on separate sheet if necessary)

**Sustainability Plan**

(Briefly explain what is being done to ensure that your operations is self- sufficient and profitable over time)

I/ We understand and signed and declare that the information in this application is a true reflection of my/our intended project. I/We are aware that information which I/we have submitted above will have a material bearing on the adjudication of the application and if it therefore subsequently appears that any information appears in the application was not correct, or certain information is omitted, the Department shall be titled to withdraw or amend its approval. I/We further authorize the Department to make any queries in accordance to the Department's procedures in connection with this

Signature of Applicant: \_\_\_\_\_

Date \_\_\_\_\_

**NOTE: THIS FORM MUST BE DOWNLOADED, FILLED IN INK PEN AND SIGNED BEFORE IT IS SUBMITTED**

