Ministry of Public Service, Gender, Senior Citizens Affairs and Special Programmes

State Department for Social Protection, Senior Citizens Affairs and Special Programmes

APPLICATION FORM FOR REGISTRATION OF SELF-HELP GROUP/COMMUNITY PROJECT

| | COUNTY | CONSTITUENCY | SUB-COUNTY | WARD |
|----|---|--|------------|-------|
| | | | | |
| 1. | (a)Basic information of t | he Group/ Community Proje | ct | |
| | Name of Group/ Community P | Project | | |
| | Type of Group (Tick one) | Youth | □ Mixed □ |] PWD |
| | | Older Persons Community Projection | ect | |
| | Self Officer from social of Other ministry's state CBO NGO Chief | Year of Formal Physical A Mobile Mobi | | |
| 2. | Others- indicate ther Official meetings | ш | | |
| | _ | Meeting Day(s) | Time. | |
| 3. | Membership of the Grou | ip/Community Project | | |
| | | Female | Male | Total |

Number of members at the time of registration

Number of Persons with Disabilities (PWDs)

| Nu | mber of Youth (18 | 8-35 years) | | | | | |
|---------|-------------------|---|---------|-------|--------|--------------|-----------|
| Nu | mber of Older Per | rsons (60+ years) | | | | | |
| ТО | TAL | | | | | | |
| | Supervised by | ere conducted | ••••• | ••••• | Title | ı Venue | |
| No | Position | Name of Person | F | M | ID/No. | Mobile/Email | Signature |
| 1. | Chairperson | | | | | | |
| 2. | Secretary | | | | | | |
| 3. | Treasurer | | | | | | |
| 4. | V/Chairperson | | | | | | |
| 5. | V/Secretary | | | | | | |
| 6. | Member | | | | | | |
| 7. | Member | | | | | | |
| 5. i | Group/Comm | nte list of all members unity Project Objec | | | | | |
| 6. | Activities of t | he Group/Commun | ity Pro | oject | | | |

- a) Type of Activity(ies) tick as appropriate
 - 1 Business
 - 2 Community project

| | 3 - | Crop farming |
|-----|----------------------|---|
| | 4 - | Cultural/traditional activities |
| | 5 - | Environment Conservation |
| | 6 - | Financial services |
| | 7 - | Fishery |
| | 8 - | Health care |
| | 9 - | livestock rearing |
| | 10 - | Poultry keeping |
| | 11 - | Skills development |
| | 12 - | Tourism |
| | 13 - | Youth empowerment |
| | 14 - | Merry-go-round |
| | 15 - | Table banking |
| | b) List the | e Main Activities |
| į | | |
| 1 | | |
| i | i | |
| | | |
| 1 | 11 | |
| 7 F | Suture Plans | s/Activities (<i>if any</i>) |
| • - | | (1201 · 1010) |
| i | | |
| , | | |
| 1 | i | |
| i | ii | |
| | | |
| | | |
| 8. | Assistance | from the Government/Other Organization(s) |
| | A agistanaa ra | ceived so far |
| | Assistance re | cerved so far |
| | Type (Con Ti | ck multiple) Financial Technical Material |
| | Type (Call II | ck multiple) — Financiai — Technicai — Materiai |
| | Source of Ass | sistance |
| | Source of As | sistance |
| | How Does th | e Group/ Community Project intend to mainly Fund its Activities (Tick as appropriate) – |
| | | |
| | ☐ Members 0 | Contributions Loans Donations Grants Others |
| | | |
| 9. | Applicants | s Signature |
| | | |
| | Position \square C | Chairperson ☐ Secretary ☐ Treasurer (all officials to sign) |

7.

| Chairperson | |
|-------------|-------------|
| Name | . Telephone |
| Signature | Date |
| Secretary | |
| Name | . Telephone |
| Signature | Date |
| Treasurer | |
| Name | . Telephone |
| | |

Signature...... Date.....

FOR OFFICIAL USE

| 1 | Recommended by | | | |
|----|--|--|--|--|
| | □ Chief/ Assistant Chief - | | | |
| | Name | | | |
| | Location/Sub-location | | | |
| | StampSignature | | | |
| | ☐ Location/ Division Social Development Volunteer | | | |
| | Name | | | |
| | Signature Stamp | | | |
| | □ Relevant Technical Ministry/Department (applicable to Community Projects only) | | | |
| | Ministry/Department | | | |
| | Name of OfficerTitle | | | |
| | SignatureDateStamp | | | |
| 2. | Approved and Registered by County Coordinator/ Sub-County Officer for Social Development | | | |
| | I confirm that after the Name search there is no group registered having the same name | | | |
| | and the group has met all the requirements for group registration | | | |
| | NameTitle: | | | |
| | SignatureDateStamp | | | |
| 3. | Issued Number | | | |
| | Registration Number | | | |

REQUIREMENTS FOR THE REGISTRATION OF A SELF-HELP GROUP/COMMUNITY PROJECT

- 1. Minutes of the meeting seeking registration and showing elected officials **MUST** be attached to the application forms.
- 2. List of <u>All</u> members duly signed with Name/Position/ID No. and Signatures <u>MUST</u> be attached to the application forms.
- 3. Secretary must Know how to read and write
- 4. Application Form **MUST** be accompanied by the Group/Community Project BY-LAWS/RULES/CONSTITUTION.
- 5. Pay Approved Registration fee of Ksh.1, 000/=.
- 6. **After Registration**, the Group/Community Project Must adhere to the following;
 - i. Renew the Certificate **Annually**
 - ii. Submit **Ouarterly** Progress Reports to the Registering Authority
 - iii. Allow accessibility of records to the registering authority upon request or when demanded to do so

NOTE: Failure to adhere to the above requirements will result to Non-registration/Deregistration.