



*Empowering the PWDs for Self-development*

# **LAMU COUNTY GOVERNMENT PWDS FUND APPLICATION FORM**

**FOR LCGYF USE ONLY**

Application No.	
Date Received:	

## **PROJECT FUNDING APPLICATION FORM**

### **1. PROJECT AND CONTACT DETAILS**

<b>Title of the Proposed Project</b>			
<b>Location of the Project</b> <i>(Please specify area or town centers)</i>	<b>Sub-County</b>	<b>Constituency</b>	<b>Ward</b>
<b>Registered Name of the Individual/ Community Group</b>			

<i>(Please attach a copy of ID/up to-date registration certificate:</i>	
<i>specify whether you are a Group or an Individual</i>	
<b>Contact Person's Name</b>	
<b>Position in the Group/ Organization</b>	
<b>Telephone Details</b>	
<b>Email (if any)</b>	
<b>Postal Address of the Individual/ Group, Include Postal Code</b>	

**BRIEF HISTORY OF THE GROUP**

Briefly give background information of the organization showing when it was formed, membership and its key objectives and achievements.

## 2.1 Membership Profile

Gender	No. of Members	Members with Disability
Male		
Female		
Total		

**AMOUNT Requested** Kshs.....

**Amount in words:**.....

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### Group Officials

Name	Position	ID. No.	Mobile No.	Signature

## 2. FOR OFFICIAL USE ONLY

### Checklist of documents to attach

*(Tick Yes or No for attachments)*

#	Documents to Attach	Yes	NO
1.	one copy of the application form is completed as per instruction and attached		
2.	A copy of ID/certificate of registration		
3.	Duly signed list of members with ID. Nos And their telephone numbers		

4.	Statement of bank account in the name of the person/group		
5.	A written proposal		
6.	Minutes of the group requesting for funding		
7.	Photocopies of members identity cards		

**Amount awarded/recommended by county committee**

**Kshs.....**

**Amount in words: -**

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 .....

**Confirmed by:**

1. **Board Chairman** .....

**Sign:**.....

**Date:**.....

2. **Board Secretary**.....

**Sign:**.....

**Date:**.....

3. Approved by

**CEC Member-** Gender and Social services.....

**Sign**.....

**Date**.....