Empowering the Women for Self-development

LAMU COUNTY GOVERNMENT WOMEN FUND APPLICATION FORM

FOR LCGYF USE ONLY

Application No.	
Date Received:	

PROJECT FUNDING APPLICATION FORM

1. PROJECT AND CONTACT DETAILS

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

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

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:……………………………………………………………………………………………

………

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…………………………………………………………..