

## REPUBLIC OF KENYA



### COUNTY GOVERNMENT OF KAKAMEGA MINISTRY OF SOCIAL SERVICES, YOUTH, SPORTS AND CULTURE

#### CALL FOR APPLICATIONS FOR GRANTS

The County Government of Kakamega, through the ministry of Social Services, Youth, Sports and Culture hereby invites qualified Bodaboda Saccos, Youth Groups and Women Groups to apply for the following types of Grants under the Capital Grants for Trans Youth and Women Empowerment Programme. It is important to note that the Grant shall be monitored closely to ensure its appropriate utilization and accountability.

#### *How to apply*

All eligible applicants can obtain an **Application Form** and other details from the office of the ward Administrator. Multiple applications from different wards shall lead to automatic disqualification. The filled applications should be returned to the office of the Ward Administrator on or before **15<sup>th</sup> April 2020 at 1700hrs.**

#### *Documents to submit during application*

All applicants are expected to submit the following documents alongside their applications. Application form duly filled

- i. Concept note less than 300 words to explain why the group needs a grant and how they intend to utilize and account for the fund.
- ii. List of all members based on the attached format
- iii. Certified copy of the registration Certificate (by the Cooperatives/Social development Officers in the sub-county)
- iv. By-laws – constitution
- v. Minutes of the last three meetings, one of which indicates a resolution by members to seek for the grant.
- vi. A letter of recommendation/endorsement from the Ward Administrator
- vii. Certified bank statement for the last six months

## 1. BODABODA PROGRAMME GRANTS

### *About the Grant*

This grant is open to all Bodaboda “Saccos” registered and operating in Kakamega County. Other Bodaboda registered “groups” other than those registered as Saccos, may be accepted only under limited circumstances.

The grant shall be awarded based on the assessed performance potential of the Sacco an amount between Ksh.**20,000** and Ksh.**100,000**.

In the first phase, FY 2019-2020, only one Bodaboda Sacco per ward shall be awarded the grant. Others shall be considered in subsequent phases.

All Bodaboda Groups/Saccos that had earlier requested for this grant directly through the ministry, or otherwise, within the Financial Year 2019/2020 are requested to reapply for consideration.

### *Eligibility Criteria*

- i) The grant targets Ward-based Bodaboda Saccos where at least 90% of the members are bodaboda operators, not motorcycle owners and/or entrepreneurs; people whose daily activity is to ride a bodaboda to earn a living.
- ii) A Bodaboda Sacco can only apply for this grant from the ward in which it is registered, multiply applications shall lead to outright disqualification.
- iii) The most active, organized, and well-structured Sacco characterized by stable leadership within the ward shall be given preference.
- iv) More than 70% of members of the Sacco should be aged below 35 years
- v) Groups/Saccos engaged in political activities do not qualify for this grant and need not to apply.
- vi) The group that is registered as a Sacco and which meets all the other requirements shall be given the first priority.

## 2. GRANTS TO YOUTH AND WOMEN GROUPS

This grant targets groups registered and operating as “Youth” or “Women” groups in Kakamega County engaged in Socio-Economic Empowerment activities in need of a booster funds to expand their scope. Each successful group shall be granted between Ksh.**15,000** and KSh.**50,000** depending on their organization structure, leadership and performance potential.

***Eligibility Criteria***

- (i) Youth groups shall be required to have at least 90% of the aged below 35 years;
- (ii) Women groups shall have more than 90% of the members being female aged above 35 years.
- (iii) More than 90% of the members should be physically living and operating from the ward from which the group is applying for the Grants.
- (iv) The group can only apply from the ward where it is registered.
- (v) Only the group that is most organized and well-structured and with very stable leadership, less controversies, an active bank account, and governing principles (constitution) shall be prioritized.
- (vi) Only a group that applies can qualify.

**Signed**

**Hon. Robert Kundu Makhanu, BGJ.**

**COUNTY EXECUTIVE COMMITTEE MEMBER  
SOCIAL SERVICES, YOUTH, SPORTS AND CULTURE**

**Date:.....**



COUNTY GOVERNMENT OF KAKAMEGA  
MINISTRY OF SOCIAL SERVICES, YOUTH, SPORTS AND CULTURE

KAKAMEGA COUNTY CAPITAL GRANTS FOR BODABODA SACCOS,  
YOUTH AND WOMEN GROUPS

APPLICATION FORM

Date .....

1. Group Data

Group/Sacco Name..... COUNTY.....  
 Reg. No. .... SUB-COUNTY.....  
 Date/Year of Registration..... WARD.....  
*(Attach copy of registration certificate),*

2. Banking information

a) Signatories

NAME	ID No.	PHONE No.	SIGN
1)			
2)			
3)			
4)			

b) Bank details

BANK NAME	ACCOUNT NO.	BRANCH

c) Bank Verification

We confirm that the above banking information is correct.

Signature.....Stamp.....

3. Membership profile

	How many members are aged 18-35 years	How many are aged below 18	How many are aged above 35	How many are PWDs	Total members
Male					
Female					
Total					

Attach a list of group members as per the attached form. The local Social Development Assistant or Secretary of the Locational Social Development Committee or the Ward Administrator must confirm the list

**4. Group background**

- (a) Year of formation (*dd/mmmm/yyyy*).....
- (b) Where is your office located (Sub county-Ward-village area-nearest land mark) (attach map)  
.....  
.....  
.....
- (c) Group Mission:  
.....  
.....
- (d) Group Vision:  
.....  
.....
- (e) Group Activities undertaken since inception  
.....  
.....  
.....
- (d) Achievements to date:  
.....  
.....  
.....

**\*Attach Group minutes related to group formation and the constitution**

**5. Concept abstract**

- a) **Amount of Grant Requested (Ksh)**  
.....  
.....
- b) **Briefly explain how you expect to utilize the requested grant.**  
.....  
.....  
.....
- c) **Reasons for selecting the proposed business idea (suitability, competition and management ability)**  
.....  
.....  
.....



## A. AGREEMENT

This Agreement is entered into between **The County Government of Kakamega, Ministry of Social Services, Youth, Sports and Culture** of P.O BOX 36, 50100 Kakamega hereby called the ‘Youth and Women empowerment Grants Programme, and (Name of your Bodaboda sacco/youth/Women group) ..... of P.O. Box ..... hereby referred to as the ‘Beneficiary/Group’.

### Amount

At express request of the Beneficiary, the Youth and Women empowerment Programme agrees to advance to the group a maximum Kenya Shilling..... (Kshs.....)

**Purpose:** The proposed grant will be used for.....

**Terms and conditions:** The grant shall be used for the purposes stated above only and in case of change of plan, the group, shall in writing, and stating clear reasons, notify the Ministry, which shall approve of such change. The County reserves the right to demand and recover the grant in case of evidence of breach of contract due to mismanagement and or embezzlement of the funds. The group agrees that the County shall have express authority to monitor and evaluate the progress of the activity, product or service funded by this grant.

**Accountability:** In line with the spirit of the constitution on accountability of public funds, the group shall be required to provide quarterly returns in a report format to be stipulated from time to time, upon receiving of the funds, to the Ministry of Social Services, Youth, Sports and Culture on the status of grant funds, its absorption and impact to the members and the community.

**Management fees:** The Group hereby acknowledges and agrees that the grant will be subject to a management fee at a rate of 5%. The management fee is payable upfront prior the release of the approved funds. It is hereby clarified that the said management fee will be deducted from the grant approved.

**Law:** The Kenyan law shall be applicable.

## B. GUARANTEE

We the undersigned below hereby confirm that we are bona fide office bearers of ..... Group and declare that the information given herein is true to the best of our knowledge. We further affirm that we have read and fully understood the content of this agreement. We understand that the amount given here is a grant and must be utilized as per this agreement. We hereby guarantee and commit the group to utilize the funds to the satisfaction of the County Government of Kakamega.

(a) Chairman.....ID/No.....Signature.....Date.....Contact.....

(b) Secretary..... ID/No.....Signature.....Date.....Contact.....

(c) Treasurer..... ID/No.....Signature.....Date.....Contact.....

### Witnessed by:

Group Patron/Referee(Name).....Community/Leadership position.....

Signature.....Date.....Contact.....

*(The patron/referee should be an elder, elected leader, administrator, religious leaders or reputable mentor)*

## C. WARD ADMINISTRATOR ENDORSEMENT

I, the undersigned confirm that the applicant and the group mentioned above are known to me and that they operate within the area covered by my area of jurisdiction.

Name..... Signature/Stamp.....Date..... Contact.....



**SECTION IV - OFFICIAL USE ONLY**

**A. SUB-COUNTY VETTING COMMITTEE**

Result of Evaluation: Recommended

Declined

Recommendation/Conditionalities

.....  
.....  
.....

Member	Designation	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**B. COUNTY HEAD OF YOUTH DEPARTMENT**

Reasons for recommending approval/decline (cite strength & weaknesses).

.....  
.....

AGREED AMOUNT ALLOCATED (KSH).

.....

Name.....Signature.....Date.....Stamp.....

**C. CHIEF OFFICER APPROVAL**

Result of Evaluation/Comments:

.....  
.....  
.....

Officer Name.....Signature.....Date.....

**D. COUNTY EXECUTIVE COMMITTEE MEMBER APPROVAL**

COMMENTS

.....  
.....  
.....

Name.....Signature.....Date.....



REPUBLIC OF KENYA



ORIGINAL  
FORM 02

COUNTY GOVERNMENT OF KAKAMEGA  
MINISTRY OF SOCIAL SERVICES, YOUTH, SPORTS AND CULTURE

**KAKAMEGA COUNTY CAPITAL GRANTS PROGRAMME FOR EMPOWERMENT OF BODABODA SACCOS, YOUTH AND WOMEN GROUPS**

**MEMBERSHIP LIST FORM**

GROUP/SACCO NAME \_\_\_\_\_ SUBCOUNTY \_\_\_\_\_ WARD \_\_\_\_\_

No	NAME	DOB (dd/mm/yyyy)	ID. NO	TEL. NO	Gender	PWD-Form of disability as applicable	POSITION IN THE GROUP	WARD	COMMUNITY AREA	SIGN
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										

- a) List **MUST** be certified as a confirmation of the genuine membership by Sub-County Cooperative Officer/Social Development Assistant
- b) If more than 20, attach an additional sheets