

# COUNTY GOVERNMENT OF NYERI



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Our reference no. and date

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## DEPARTMENT OF GENDER, YOUTH AND SOCIAL SERVICES

### YOUTH, WOMEN AND PERSONS LIVING WITH DISABILITIES (PWDs) EMPOWERMENT

#### PROGRAMME

#### **(CALL FOR PROPOSAL FORM -GYS1)**

#### **INTRODUCTION**

Despite their numerical superiority, youth, women and people living with disability are least represented in political and economic spheres due to societal attitudes, socio-cultural and economic barriers including lack of access to financial resources, and lack of proper organization, orientation and empowerment.

Traditional financial institutions have avoided lending to youth and women and PWDs due to their relative inability to comply with the high transactional costs, difficulty in assessing and managing their risk profile, and lack of the required financial documentation as well as collateral. These are just but a few of the challenges that these groups face in their day to day lives as they strive to achieve their social and economic dreams. It is indeed in the public domain that there are various youth and women funds and other initiatives which have been tried but whose efficacy has not yet been established.

The county government of Nyeri, through the department of Gender, Youth and Social services has therefore adopted the “Nyeri County Youth, Women and PWDs empowerment programme” using the business incubation and income generating approach to grow a sizeable number of youth ,women and PWDs groups who can after going through this programme graduate to business enterprises that can hence forth access funds from other existing financial institutions and funds from both the county government and national government agencies .

1. Name of group.....
2. Type of group  Women  Youth  PWD (**Tick Appropriately**)
3. Is the group registered?  YES  NO (**Tick Appropriately**)  
If yes, indicate registration number.....  
Registering entity.....

4. How long has the group been in existence.....
5. How many members does the group have.....
6. I) How many are youth (**For youth group**).....
  - ii) How many are women (**For women group**) .....
  - iii) How many are people living with disability (**For PWDs**).....
7. Where is the group domiciled .....
  - Sub-County.....
  - Ward.....
  - Sub-Location.....
8. Village.....
9. Has this group been active ..... for how long has the group been active  
.....
10. What type of income generating activity does your group engage in  
.....  
.....  
.....
11. Why does the group feel that it qualifies for the equipment , tool and or support  
.....  
.....  
.....  
.....
12. Does the group have a bank account? **YES**  **NO**
13. If your answer in 10 above is yes provide detail
  - I) Name of bank .....
  - II) Branch .....
  - III) A/C no .....
14. What equipment/tool/support does the group seek to acquire?  
.....  
.....

.....  
.....  
15. Please elaborate on how the equipment/tool/support is going to generate income for the group

- i).....
- ii).....
- iii).....
- iv).....
- iv).....

Who will be the custodian(s) of the group equipment/tools/support?

- Name.....  
Designation .....
- ID No..... Tel.....
- Signature.....  
Date.....

16. How does the group intend to solve differences among members if, and when they arise?.....  
.....  
.....  
.....  
.....

17. Name of the group officials

- Chairperson -  
Name.....  
ID.....  
Tel.....  
Signature.....
- Secretary Name.....  
ID.....

Tel.....

Signature.....

▪ Treasurer

Name.....

ID.....

Tel.....

Signature.....

**Other Designated Member**

Name.....

ID .....

Tel.....

Signature.....

**CONDITIONS FOR QUALIFYING TO RECEIVE THE EQUIPMENT, TOOLS OR SUPPORT**

To qualify for the youth, women and persons living with disability business incubation equipment and tools, support, the interested groups must meet the following conditions;

- a) The youth, women or persons living with disability groups must be registered with the state department for social development or any other registering entity.
- b) The registration certificate **MUST** be valid or renewed to reflect the current calendar year.
- c) The group must be active and **MUST** have a constitution or rules and or regulations that governs its operations
- d) The group must have at least five or more members and where at least two thirds of those members must be within the 18 to 34 age bracket for the youth group or must be women for women groups or people living with disability depending on the category of the group or as may be prescribed by any written law or policy.
- e) At least half of the group members must reside within the ward where the application is made.

- f) The members of the group at any particular time of its existence must correspond with the list held by the state department of social development.
- g) A person can be a member of not more than two groups that have benefited from this programme.
- h) The group must have in its possession minutes with resolutions that demonstrates how decisions are arrived at.
- i) Once a group has met the criteria, it should then come up with a proposal within the given time frame, that outlines the business activities it intends to carry out, justification for selecting that particular business activity including past experience, how all the members will benefit including ratios or percentages of sharing profits and benefits , how the funds will be accounted for, what percentage of profits will be ploughed back to the business and how incase of loss, breakdown, dissolution of the group or theft the equipment's/ tools will be replaced.
- j) On receiving the equipment's, the group must select the person who will take custody of the equipment on behalf of members.
- k) The group must also demonstrate how equipment though in custody of the selected person(s) as the custodian(s) still belongs jointly to the members though owned by the county government of Nyeri.
- l) The equipment however will remain the property of the County Government of Nyeri including their disposal which must conform to the Public Procurement and Disposal Act of 2007.
- m) Groups that do well in their income generating activities will be considered for more support by the programme.
- n) Groups that will benefit from the programme but fail to use the equipment for a period of 6 months will have the equipment repossessed and issued to other groups that might have missed out or were doing extremely well in the initial disbursement.
- o) The department in case of misuse, incessant wrangles within the group that prevents the members from achieving the set objectives reserves the right to reclaim the equipment(s) and tools including surcharging the group members for unexplained loss.

- p) For a group to qualify for a business activity that requires space, or certain professional experience, the group must demonstrate that it has such space or possess such professional experience.
- q) The department will work closely with other county departments, agencies of the national government to supervise, monitor and evaluate the performance of the group which will form the basis for further support or withdrawal of such support as the case might be.
- r) In case of theft, fraud or unjustified expulsion of members or unexplained departure of more than a third of the members, or complaints from members during the support of the equipment and tools period, the department will investigate the issue including employing state or county agencies, the report of which will form the basis of its decision.
- s) Each group will be required to sign a contract document as a commitment to adherence to all the conditions governing this programme.

**FOR OFFICIAL USE ONLY**

1. Recommendations of the committee.....  
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.....  
.....  
.....  
.....
2. Type of equipment , tools or support approved by the committee for the group  
.....  
.....  
.....
3. Signatures of approving committee members
  - i) Chairman  
Name.....

ID .....

Tel.....

Signature.....

**ii) Secretary:**

Name.....

ID .....

Tel.....

Signature.....

**iii) Member:**

Name .....

ID .....

Tel.....

Signature.....

**iv) Member**

Name.....

ID .....

Tel.....

Signature.....

**v) Member**

Name.....

ID .....

Tel.....

Signature.....