EMBASSY OF FINLAND, NAIROBI

COUNTY GOVERNMENT OF NYERI

HELP SELF HELP CENTRE, KENYA

KENYA PRIVATE SECTOR ALLIANCE

COUNTY GOVERNMENT OF NYERI

DEPARTMENT OF GENDER, YOUTH AND SOCIAL SERVICES

INNOVATION AWARD APPLICATION FORM

Please provide the information requested, following the outline below and the stated limitations. Please send completed submissions to; nyerigenderyouthss@gmail.com, hshcentre@gmail.com or they can also be dropped to the Offices mentioned in the poster.

1. **Name of innovator ……..……**

2. **Personal information**

- **Full Name(s)……..OR**
  Innovation Group Name……..……..
- **Gender (Male/Female/Other(s)…….**
- **Age……..I/D No……..…….……**
- **Disability (Yes/No)……..…..**

3. **Contact Address**

- **Telephone number……..**
- **Email Address……..**

4. **Physical Location**

- **County……..**
- **Sub-County…….**
- **Ward…….**
- **Sub-Location…….**
- **Village/ Estate/ Street……..**

5. **Innovation title……**

6. **Briefly explain and describe your innovation** ……
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7. **What is the stage of your innovation? Conception/Implementation/Production**
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8. **Apart from finances, what other assistance would you require?**
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9. **Please provide any additional information about the innovation**

- **What challenges do you face in the development of this innovation?**
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- **What plans do you have for the future while developing this innovation?** ……
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- **Have you tried introducing the innovation to clients/customers?**
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- **What was their reaction?**
……..

Please provide 3 to 5 attachments as images or photographs with identifying captions and any other necessary documents related to the innovation.
All submittals must be received on or before 9th November, 2021.

Submitter's signature ……Date……

If you require further assistance in completing the form, PLEASE contact: 0722395138, 072591198 or 0725 591198.