

# COUNTY GOVERNMENT OF NYERI



When replying please quote

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## DEPARTMENT OF GENDER, YOUTH, SPORTS AND SOCIAL SERVICES

### YOUTH, WOMEN AND PERSONS WITH DISABILITIES (PWDs) EMPOWERMENT PROGRAMME (CALL FOR PROPOSAL FORM -GYSS)

#### 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 a tendency of avoiding 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 provision of 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.....

**FOR OFFICIAL USE ONLY**

1. Recommendations of the

Committee.....

.....

.....

.....

.....

.....

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.....