

COUNTY GOVERNMENT OF NYERI



Our reference no. and date

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NYERI.

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DEPARTMENT OF GENDER, YOUTH, SPORTS AND SOCIAL SERVICES

COUNTY GOVERNMENT WEZESHA PROGRAMME

(CALL FOR PROPOSAL FORM -GYSS)

INTRODUCTION

The County Government of Nyeri, through the Department of Gender, Youth and Social Services has therefore adopted the “County Government of Nyeri Wezesha Programme” using the business incubation and income generating approach to grow a sizeable number of citizens 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 Men (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?
- ii) How many are women?
- iii) How many are people living with disability?
- iv) How many members are men?.....
7. Where is the group domiciled
- Sub-County.....
 - Ward.....
 - Sub-Location.....
8. Village.....
9. Has this group been active? If yes, 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..... Telephone.....
- 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.....

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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) Chairperson

Name.....

Designation.....

Signature.....

ii) Secretary:

Name.....

Designation

Signature.....

iii) Member:

Name

Designation

Signature.....

iv) Member

Name.....

Designation

Signature.....

v) Member

Name.....

Designation

Signature.....