FORM IA: GROUPS PROJECT FUNDING APPLICATION FORM

(For projects under WEE and Value Addition)

Note to applicant: This application form complies with the provisions of Data Protection Act 2019. By making this application,The Affirmative Action Group (AAG) officials/Signatories grant consent to the **National Government Affirmative Action Fund (NGAAF) to undertake the following:**

i. Collection of their personal data . Personal data may include but not limited to , ID No, cellphone No , Gender etc
ii. Collection of their sensitive data which may include but not limiuted to disability status, ethnicity
iii. Recording of Bank account details of the group on who's behalf the application is made
iv. Use of the name, images, photos, video clips ,or audio recordings of the officials/signatories or group members for purposes of branding, civic education, NGAAF promotional activities or for any other purposes aligned to NGAAF' s Mandate or the policies of the Government of Kenya or any of its agencies
v. Share the collected or recorded data with other Government Agencies eg the Kenya National Bureau of Statistics in strict compliance to the provisions of the Data Protection Act 2019

Having consented to the above, you commit yourself to the following:

i. That no official/signatory or member shall demand any payments , extra benefits or favors as a result of the use of their images, photos, video recordings , audio recordings or personal data
ii. That no group official, signatory or member will take advantage of any recordings, images, or personal data to benefit oneselff
iii. The use of the personal data, images, photos, video clips or audio recordings is not a guarantee that the application will go through
iv. That no applicant shall deliberately provide misleading, obsolete or inaccurate data or information

Purpose of collection of personal data.

i. For accountability and audit purposes
ii. To allow Government have data on number of WEE/VA applicants
iii. To ascertain that the Bank account details match the particulars of the group making the application..
iv. To ensure equity across all ethnic groups in compliance to article 10 of constitution of Kenya on National Values & Principles of Governance
v. To ensure inclusivity of PWDs
vi. For publicity , branding , public relations or any other purposes aligned to the policies of the Government of Kenya or any of its agencies
vii. To capture the demographics of our beneficiaries for ease of planning

FORM IA: GROUPS PROJECT FUNDING APPLICATION FORM

(For projects under WEE and Value Addition)

Name of County: ..... County code:.....

For NGAAF USE ONLY

Application No.	
Date Received:	

1. 1 PROJECT AND CONTACT DETAILS

Registered name of the Group *(Please attach a copy of up to-date registration certificate:*	.....	
Specify category of groupYouth/Women/PWDs/elderly/other	.....	
Geographical Location of the Group	Sub-County	.....
	Constituency	.....
	Ward	
	Location	.....
	Sub-location	.....
	Nearest Trading Centre	.....
Provide at least two (2) contact persons of the group	----------	
Positions in the Group		
Cellphone Nos		
Email (if any)		
Postal Address of the Group, (Include Postal Code)		

1.2 BRIEF HISTORY OF THE GROUP

Briefly give background information of the group/organization showing when it was formed, membership and its key objectives and achievements so far.

1.3 Active Group Membership Profile

Gender	No. of Members
Male	
Female	
PWDs	
Others	
Total	

1.4 Requested Funds Details

Amount in figures Kshs..... .....

Amount in words: .....

.....

1.4.1 Summary Budget Breakdown of the Requested Amount

Item Description	Amount in Kshs

1.4.2 Briefly indicate why the funds are required.

1.4.3 Explain how will the funded project improve the livelihoods of the group members/community?

2. SUSTAINABILITY

Briefly state how the group will ensure the benefits of the project continue to be sustained beyond the funding.

Declaration by Group Officials

We, the undersigned hereby declare to NGAAF that the information provided herein is true, genuine and verifiable to the best of our knowledge and that the information can be verified by any government agency. That we shall be held personally liable if the information is found to be falsified and is not available when required

Group Officials Details

Full Name	Position	ID. No.	Mobile No.	Signature
Name: Ethicity Date of Birth				
Name: Ethicity Date of Birth				
Name: Ethicity Date of Birth				

3. FOR OFFICIAL USE ONLY

CHECKLIST OF DOCUMENTS THAT MUST BE ATTACHED TO THE GROUP PROPOSAL

(Tick Yes for each document attached and No for those not availed)

No.	Documents to Attach	Yes	NO
1.	Duly signed NGAAF County committee meeting minutes with resolutions recommending the project for funding by the Board		
2.	Minutes of the group's meeting discussing the request for funds (not more than 3 months) prior to application		
3.	One original and one copy of dully filled application form by the group		
4.	A copy of group registration certificate which must be currently renewed which must be more than 6 months old		
5.	A copy of Active Group bank account statement		
6.	Duly signed list of members' names as they appear in their ID Cards, ID/Number, cell phone contacts,		
7.	Copies of ID cards of at least 3 group officials and cellphone Nos		
8.	Attach records on evidence of the table banking activities or any other enterprise the group is undertaking		

RECOMMENDATION BY COUNTY COMMITTEE MEETING HELD ON

DAY ..... MONTH.....YEAR

Amount recommended by NGAAF county committee to the Board

Amount in figures Kshs.....

Amount in Words: .....

.....

Confirmed by:

NGAAF County Committee

Chairperson's Name.....

Sign: .....

Date: .....

4 Declaration by the County Coordinator

I .....NGAAF Coordinator of.....County hereby declare to the NGAAF National Board that I have gone through all the necessary documents and information related to the group applicant (s) and confirm that the herein attachments are genuine and verifiable to the best of my knowledge and that the information can be verified by any government agency

That I shall be held personally liable if the information is found to be falsified and is not available when required

Signed:.....Date:.....Stamp:.....