



COUNTY GOVERNMENT OF THARAKA NITHI

P. O. BOX 10 - 60406

KATHWANA.

Email: info@tharakanithi.go.ke

THARAKA NITHI COUNTY YOUTH EMPOWERMENT PROGRAM (FIRST EDITION)

APPLICATION FORM (FOMU YA USAJILI)

PLEASE FILL THIS FORM IN BLOCK LETTERS (TAFADHALI JIBU KWA HERUFI KUBWA)

GROUP NAME

(Jina la kikundi)

PHYSICAL LOCATION

(Mahali pa kutoka)

Ward(wadi)

Location (Kata)

Sub-location (Kata Ndogo)

GROUP REGISTRATION NUMBER

(Nambari ya usajili)

DATE OF REGISTRATION

(Tarehe ya usajili)

Year (Mwaka)

Month (Mwezi)

PROJECT TITLE (Jina la mradi)

.....

PROJECT SECTOR/INDUSTRY (Jinsi ya mradi)

Please tick the appropriate sector or industry that fits your project (Tafadhali weka alama panapostahili)

Agriculture and allied (ukulima)	
Food and Beverage Services (chakula na vinywaji)	

Transport and allied (<i>uchukuzi</i>)	
Environment and allied (<i>mazingira</i>)	
Building and Construction (<i>Ujenzi</i>)	
Fashion, Beauty, clothing and textile (<i>Mitindo, urembo na mavazi</i>)	
Events and allied services (<i>kupanga matukio</i>)	
Sports talents (<i>Talanta za Michezo</i>)	
Information, Communication & Technology (<i>Teknologia, Sayansi na ubunifu</i>)	
Creative arts (<i>Sanaa</i>)	
Trade services and allied (<i>biashara</i>)	
Others (<i>Mengineyo</i>)	
Please Specify (<i>Tafadhali Eleza</i>)	

DESCRIPTION OF THE PROJECT (*Maelezo kuhusu mradi wako*)

Please provide a brief description of what your project entails. (*Tafadhali eleza kwa kifupi kuhusu mradi huu*)

PROJECT STAGE (*Kiwango cha mradi*)

At what stage is your project in? (*Je, mradi huu umefikia kiwango kipi?*)

(*Tick where appropriate / Chagua Panapostahili*)

Idea Phase (<i>Wazo</i>)	
Research & Development (<i>Utafiti</i>)	
Prototype Phase (<i>Kuna mfano</i>)	
Production Phase (<i>Mradi wa Ulioanza na unaendelea</i>)	
(Please indicate period you have been in operation / Tafadhali andika muda ambao mradi huu umekuwa ukiendele)	

DESCRIPTION OF REQUIRED ASSISTANCE (*Maelezo kuhusu usaidizi unaohitajika*)

Please name and describe the kind of equipment you would want the County Government of Tharaka Nithi to assist in buying for you in order to facilitate effective implementation of the project (*Tafadhali eleza kifaa ambacho ungetaka serikali ya Kaunti ya Tharaka Nithi isaidie Kikundi hiki kupata, ili mradi wa kikundi uendelee sawa sawa bila tatizo.*)

JUSTIFICATION *(Sababu Kamili)*

What efforts will the group make to ensure it is in a position to use and properly maintain the requested equipment, for sustainability of the project *(Je. Kikundi kitafanya juhudi gani katika kuhakikisha kwamba kifaa walichopewa na serikali ya kaunti kimetumika vizuri ili mradi uweze kudumu?)*

EQUIPMENT USE TRAINING *(Mafunzo Kuhusu matumizi ya Kifaa)*

Does the group require any special training to be able to use the equipment requested? Please describe the Training if applicable. *(Je, wanakikundi wanahitaji mafunzo maalum kuhusu matumizi ya kifaa kilichoagizwa? Tafadhali eleza)*

BENEFITS OF THE PROJECT TO THE COMMUNITY *(Manufaa ya Mradi kwa Jamii)*

Briefly explain how the project benefits the general community / *Tafadhali eleza jinsi mradi huu unanufaisha jamii kwa kijumla)*

ANNEXES (MAELEZO ZAIDI)

DETAILS OF THE GROUP MEMBERS (*Kuhusu wanakikundi*)

FULL NAMES <i>(Majina kamili)</i>	ID/PASSPORT NUMBER <i>(Nambari ya kitambulisho/pas poti)</i>	PHONE NUMBER <i>(Nambari ya simu)</i> <i>(e.g 0722002222)</i>	AGE <i>(Umri)</i> <i>(e.g 20)</i>	GENDER <i>(Jinsia)</i> <i>(M or F)</i>	ROLE/TITLE <i>(Jukumu katika kikundi)</i> <i>(e.g member, chairperson...)</i>	DISABILITY <i>(Ulemavu)</i> <i>(Tick if disabled)</i>	SIGNATURE <i>(sahihi)</i>	

MANDATORY ATTACHMENTS (MAAMBATANISHO YA LAZIMA)

1. Group Registration Certificate
2. ID Copies of all Group Members
3. Handwritten signatures of all group members
4. Contacts of the group Leaders.

INSTRUCTIONS TO APPLICANTS (MAAGIZO KWA WANAJOJISAJILI)

1. The group must submit a proposal to the county Government through the respective ward administrator's office
2. The proposal shall be written in a manner to be prescribed by in this application form
3. The group must have a minimum membership of **10 members**
4. At least 70% of the members must be youth of age between **18 years and 35 years**
5. 100% of the leadership of the group must be youth between 18 years and 35 years
6. The submission of the proposals must be done between **31st August 2020 to 21st September 2020**
7. The project must show capability of providing employment for other youth
8. The youth group must show verifiable effort to the verifying committee capacity to appropriately use equipment for the purpose intended
9. The group must also have been registered before **1st of August 2020**
10. The County Government shall appoint a committee to conduct vetting in conjunction with all relevant stakeholders as per existing guidelines
11. The County shall also provide relevant training to groups where need be on usage of various equipment
12. All other queries shall be directed to the County Government department of Youth Affairs, through the official number **1513**

GROUP'S CONSENT

We hereby confirm that:

1. We are willing to allow the County Government of Tharaka Nithi constantly conduct monitoring and evaluation of the use of any equipment issued/bought by the County Government of Tharaka Nithi.
2. In the event of successful award, we give consent to the County Government to take appropriate measures and mechanisms to ensue all equipment is put into proper use.

Confirmed By

NAME (JINA)..... **DATE(TAREHE)**.....

SIGNATURE(SAHIHI).....

Group Chairperson (Mwenyekiti)