`SHG`   `NEW`

MINISTRY OF EAST AFRICAN COMMUNITY (EAC), LABOUR AND SOCIAL PROTECTION

STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF SOCIAL DEVELOPMENT

APPLICATION FORM FOR REGISTRATION OF SELF- HELP GROUP/COMMUNITY PROJECT

COUNTY	CONSTITUENCY	SUB-COUNTY	WARD

1. (a) Basic information of the Group/ Community Project

Name of Group/ Community Project……………..........……..

Type of Group (**Tick one**) ☐ Youth   ☐ Women   ☐ Men   ☐ Mixed   ☐ PWD

☐ Older Persons ☐ Community Project

Division..………………………...................... Location…………………………………………..…

Sub Location…………………………………….. Year of Formation………………………………..

Postal Address……………………………….. Physical Address…………………………………

Email……………………………….……….. Mobile………………………………………………

Website (where applicable)…………………………………………………………………………

1. (b) Who mobilized your members to seek official registration (**Tick more than one**)?

- Self
- Officer from social development office
- Other ministry`s staff
- CBO
- NGO
- Chief
- Others- indicate them

2. Official meetings

Meeting Venue………………..........…….... Meeting Day(s)……..……….............Time....................

3. Membership of the Group/Community Project

	Female	Male	Total
Number of members at the time of registration			
Number of Persons with Disabilities (PWDs)			

Number of Youth (18-35 years)				
Number of Older Persons (60+ years)				
TOTAL				

4. Management Committee:-

Date Elections were conducted…………................…… Election Venue ....…………………………

Supervised by……………………....………………… Title…………….................….….……………

Contact Address/Tel. No….…………………………………………………………………………..

No	Position	Name of Person	F	M	ID/No.	Mobile/Email	Signature
1.	Chairperson						
2.	Secretary						
3.	Treasurer						
4.	V/Chairperson						
5.	V/Secretary						
6.	Member						
7.	Member						

 ***Attach a separate list of all members**

5. Group/Community Project Objectives

i. .……………………..

ii. …………………………………………………………………………………………………

iii. ………………………………………………………………………………………………..

6. Activities of the Group/Community Project

 a) Type of Activity(ies) - tick as appropriate

  1 - Business
  2 - Community project

3 - Crop farming

4 - Cultural/traditional activities

5 - Environment Conservation

6 - Financial services

7 - Fishery

8 - Health care

9 - livestock rearing

10 - Poultry keeping

11 - Skills development

12 - Tourism

13 - Youth empowerment

14 - Merry-go-round

15 - Table banking

   b) List the Main Activities

i. …….

ii. …….

iii. ………………………………..

7. Future Plans/Activities (*if any*)

i. ………………………...

ii. …………………………..... ……………………………………………….………………

iii. ………………………...

8. Assistance from the Government/Other Organization(s)

Assistance received so far ……………...............………..

Type (Can Tick multiple) ☐ Financial   ☐ Technical   ☐ Material

Source of Assistance......…………………………….............……..

How Does the Group/ Community Project intend to mainly Fund its Activities *(Tick as appropriate)* –

☐Members Contributions ☐ Loans ☐ Donations ☐ Grants ☐ Others…………………....................

9. Applicants Signature

Position ☐ Chairperson ☐ Secretary ☐ Treasurer (all officials to sign)

Chairperson

Name……………………………………… Telephone………………………………………

Signature………………………………………. Date…………………………………………..

Secretary

Name……………………………………… Telephone………………………………………

Signature………………………………………. Date…………………………………………..

Treasurer

Name……………………………………… Telephone…………………………………………

Signature………………………………………. Date…………………………………………

FOR OFFICIAL USE

1. Recommended by

☐ **Chief/ Assistant Chief -**

Name……………...

Location/Sub-location………………………… Date…………………………………..…

Stamp…………………………… …………… Signature…………………………………

☐ **Location/ Division Social Development Volunteer**

Name…………….......................................   Date…………..……………………..…

Signature……………………………….....   Stamp………………………….....……

☐ **Relevant Technical Ministry/Department (applicable to Community Projects only)**

Ministry/Department……………………………………………………….……….

Name of Officer …………………………………………Title……………………………………..

Signature……………………………….Date…………………....Stamp……………….……….............

2. Approved and Registered by County Coordinator/ Sub-County Officer for Social Development

I confirm that after the Name search there is no group registered having the same name

and the group has met all the requirements for group registration

Name…………….. Title:……………………….……………….

Signature………………………Date……………………………………….Stamp……………….……..

3.   Issued Number

Registration Number……………………Certificate Number…………..………… Date…………..……..

REQUIREMENTS FOR THE REGISTRATION OF A SELF-HELP GROUP/COMMUNITY PROJECT

1. Minutes of the meeting seeking registration and showing elected officials **MUST** be attached to the application forms.

2. List of **All** members duly signed with Name/Position/ID No. and Signatures **MUST** be attached to the application forms.

3. Secretary must Know how to read and write

4. Application Form **MUST** be accompanied by the Group/Community Project BY-LAWS/ RULES/ CONSTITUTION.

5. Pay Approved Registration fee of **Ksh.1, 000/=.**

6. **After Registration**, the Group/Community Project Must adhere to the following;
   i. Renew the Certificate **Annually**
   ii. Submit **Quarterly** Progress Reports to the Registering Authority
   iii. Allow accessibility of records to the registering authority upon request or when demanded to do so

NOTE: Failure to adhere to the above requirements will result to Non-registration/Deregistration.