



REPUBLIC  
OF  
KENYA



Poverty Reduction through Sustainable NRM



Investing in rural people

**MINISTRY OF WATER, SANITATION AND IRRIGATION**  
**UPPER TANACATCHMENT NATURAL RESOURCES MANAGEMENT PROJECT (UTaNRMP)**  
 PO Box 996-60100 EMBU Tel: 068-2231376 E-mail: [utanrmp@gmail.com](mailto:utanrmp@gmail.com)

**Matching Grants Proposal Application Form (THIS FORM IS NOT FOR SALE) 2020/21**

For official Use only at PCT -EMBU	
Name of the Common Interest Group (CIG):	
Proposal Reference No:	
Category Applied for :	
Date Received: at PCT	

**Instructions**

*Please read this application form and information document on the Call for Proposals (CFP) guidelines carefully before you fill this proposal application form. The application forms should be filled in **English**. Filling this form is **not a guarantee** that your project will be funded. **The proposal from the CIGs must be either bound or spiral bound***

**Requirements**

- The application form for proposal is only to be filled and submitted by applicants who meet the general and specific criteria as indicated in the “call for proposals “and grants Manual 2020.*
- It is important to attach all the required documents as a proof that all the requirements have been met.*
- All proposals must be endorsed by the Focal Development Area Committee, Sub-County Social Development Officer and ward extension staff before they are submitted to the County Project Coordinator’s office.*

*I, the County Project Coordinator of.....County notes that the proposed project as stated in this Proposal Application Form is in line (..) or Not in line (...)with the objectives and priorities of the Upper Tana Natural Resources Management project.*

**Name:**

**Date:**

**Signature:**

**Official Stamp:**

**A. General Information**

Name of the CIG	
CIG Registration No.	
Contact Address	
Date of Registration	
Type of registration/registered with	
Number of CIG members (Men, Women)	.....Male.....Female
Number of households <b>(Minimum number must be 15)xxxx</b>	
County	
Sub-County	
Constituency	
Ward	
River Basin	
FDA	
Nearest trading/shopping centre	
Has the CIG being funded by UTANRMP earlier	If Yes.... When .....   No.....

**xxxx – Members must not be couples**

**Details of the CIG Executive Committee**

Name of Chairperson	
Telephone number of Chairperson	
<b>Duration in office -xxx</b>	
Name of Secretary	
Telephone number of secretary	
<b>Duration in office-xxx</b>	
Name of Treasurer	
Telephone number of Treasurer	
Duration in office xxx	

**xxx; provide evidence . Minutes of the last meeting when election were held**

**Officials of the FDAC Executive Committee**

Name of Chairperson	
Telephone number of Chairperson	
<b>Signature</b>	
Name of Secretary	
Telephone number of secretary	
<b>Signature</b>	
Name of Treasurer	
Telephone number of Treasurer	
<b>Signature</b>	

**CIG Bank Details**

Bank Name	
Branch Name	
Branch Code	
Account Name	
Account Number	

**CIG Account Signatories**

<b>Signatory 1</b>	
Name(Full Names )	
ID number	
<b>Signatory 2</b>	
Name(Full Names )	
ID number	
<b>Signatory 3</b>	
Name(Full Names )	
ID number	

**B. Proposed Project Information**

**Proposal General Information**

Name of the proposed project	
<b>Category</b> of the project applied for (*)	
Duration of the proposed project	
Requested(IFAD) funding (Kshs.)	
CIG contribution (Kshs.)(actual )	
Total cost of the project (Kshs.)	
% of CIG contribution to project cost	
<b>Project Direct Beneficiaries</b>	
Number of Women:	
Number of Men:	
Number of Youth:	
Number of the Elderly:	
Number of vulnerable people	
Others (specify):	
Total number of beneficiaries	

**xxxx For Category –see Grants Manual section 4.5**

**Detailed Proposal Information**

**i) Description of the project and its Effectiveness\*\* ( 1 page)**

*Background information that led to the formulation of the Project*

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*Describe the possibilities for replication or extension of the Project outputs in other communities or individuals (multiplier effects)*

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**\*\*Effectiveness:** The extent to which the objectives of a development intervention were achieved, or are expected to be achieved or measure of the actual or likely attainment of project objectives

**ii) Goal and Objectives of the proposed project ( 1/2 page)**

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**iii) Main project milestones \*\*\* and related activities of the proposed project (1/2 page)**

*The milestones should be Specific, Measurable, Achievable, realistic and Time bound*

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**\*\*\* Milestones is a logical flow of activities**

**iv) Expected Outputs\*\*\*\* (½ page)**

*The outputs should be Specific, Measurable, Achievable, realistic and Time bound*

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**Outputs\*\*\*\* .The tangible results achieved due to the implementation of project activities**

**v) Relevance\*\*\*\* of the proposed project in addressing poverty and natural resource issues in the area (½ page)**

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**Relevance** is a measure of the pertinence of the project strategy and activities to the needs of the group or overall goal of the group

**vi) CIG members involvement and participation (2 pages)**

*CIG engagement in project initiation, formulation, planning, implementation and operation*

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- Others

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*Organizational structure of the CIG*

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**Financial and Implementation capacity of the CIG**

*Describe past experience of the CIG in managing and implementing similar project*

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*Describe past experience of the CIG in managing financial resources*

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**vii) Sustainability mechanisms**

*Describe financial sustainability: financing and financial management of follow-up activities, sources of revenue for covering all future operating and maintenance costs*

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**ix) Budget**

The budget will be prepared as per respective category. As a guide see Technical Support Notes (TSN) in appendix 4 of the grants manual to assist in budget preparation.

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**BUDGET SUMMARY**

Activity	Total Budget Ksh	Donor Contribution Ksh	Community Contribution Ksh

NB: Community contribution (cash) must be mobilized after award notification and deposited in designated bank account within thirty (30) days after launch baraza

**x) Proposal certified by CIG**

Name	Position	Signature	Date

CIG official Stamp.....

**xi) Proposal Endorsement by other Stakeholders**

<b>Level</b>	<b>Name</b>	<b>Signature and stamp</b>	<b>Date</b>
Line technical Department/ Agency(Ward or Sub County)			
FDAC			
Sub County SDO			
County Head of department/Agency			
PCT			

**C: Attachment to this Proposal**

The following copies of documents must be attached:

- i) CIG registration certificate(current)
- ii) Signed CIG members list (name, ID number ,Telephone No and signature)
- iii) Attach copies of members identity cards
- iv) Minutes approving this proposal
- v) Minutes of the most recent full CIG members general meeting
- vi) Financial report (Recent bank statement,)
- vii) Drawings/ Project design /Bill of Quantities or any documents required for implementation
- viii) Sketch map showing location of the CIG.
- ix) CIG Constitution
- x) Business plan