

**CBO****RENEWAL****MINISTRY OF EAST AFRICAN COMMUNITY (EAC), LABOUR AND SOCIAL PROTECTION****STATE DEPARTMENT FOR SOCIAL PROTECTION  
DEPARTMENT OF SOCIAL DEVELOPMENT****APPLICATION FORM FOR RENEWAL OF REGISTRATION CERTIFICATE FOR COMMUNITY  
BASED ORGANIZATION (CBO)**

COUNTY	CONSTITUENCY	SUB-COUNTY	WARD
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**1. Basic Information on the Community Based Organization (CBO)**

Registration Number..... Certificate Number.....

Date of Renewal.....

Name of Community Based Organization.....

Area of Coverage (not in more than One County).....

Type of CBO (tick as appropriate)  Amalgamation  Others

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

Email..... Telephone.....

Website (where applicable).....

**2. Membership of the CBO****a) Current membership**

	Female	Male	Total
Number of members at the time of renewal			
Number of Persons with Disabilities (PWDs)			
Number of Youth (18-35 years)			
Number of Elder persons (60+ years)			
<b>TOTAL</b>			

**b) Names of Current Office Bearers**

No	Position	Name of Person	F	M	ID/No.	Tel/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**

### 3. Bank Information

Name of Bank..... Branch.....

Account Name..... Account Number .....

### 4. Asset Base

#### Physical Property (ies)

No	Property (ies) (e.g. land, building, livestock etc.....)	Estimated Value(Kshs)
1.		
2.		
3.		
4.		

#### Financial (Ksh)

Cash at hand (ksh).....

Cash at bank (ksh)..... (Attach Bank Statement)

**5. Capacity building including training**

Has the organization been trained?

(a) Yes (b) No

If yes by who? -----

What kind of training?

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How many have been trained?.....

(b) Partnerships with internal and external partners

How many times in the year have you been visited?.....

By Government officials

- Number of visits.....
- List the institutions.....
  - 1.....
  - 2.....
- Advice/assistance given .....

By NGOs-----

- Number of visits.....
- List the institutions.....
  - 1.....
  - 2.....
- Advice/assistance given .....

**Impact**

How has the support (Finance and material) received helped the organization?

.....

How has the training/sensitization received helped the organization?

.....

**Conflict management**

Has the organization had any type of conflict in the last one year (yes) (No)

if yes, list below.....

Type of conflict	Resolved/Not resolved	How was it resolved(if need be attach the report)	By who

How did the conflict affect the organization members?.....

**Membership transition:**

Names and ID No of members who have left the organization:-

Name	ID No.	Reason(Death/Resignation/Expulsion/Desertion)

**6. Activities currently being undertaken by the organization /Community project**

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

- Business
- Community project
- Crop farming
- Cultural/traditional activities
- Environment Conservation
- Financial services
- Fishery
- Health care
- livestock rearing
- Poultry keeping
- Skills development
- Tourism
- Youth empowerment
- Merry-go-round
- Table banking

b) List the Main Activities

- i).....
- ii).....
- iii).....

**7. Achievements of the organization /Community project**

- i).....
- ii).....
- iii).....

**8. Challenges**

- i).....
- ii).....
- iii).....

**9. Lessons Learnt**

- i).....
- ii).....

iii).....

**10. Future plans**

i).....

ii).....

iii).....

**11. Renewal Applicants Signature:-**

**Position:**  Chairperson  Secretary  Treasurer  Member (All to sign)

Name..... Telephone.....

Signature..... Date.....

**FOR OFFICIAL USE**

**1. Recommended by**

Chairperson  Secretary for Location/ Division Social Development Committee\*

Name..... Signature.....

Date..... Stamp.....

**2. Approved and Recommended by County Coordinator/ Sub-County of Social Development\***

Name of Officer..... Title:.....

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

## **REQUIREMENTS FOR RENEWAL OF A CBO CERTIFICATE**

1. Minutes of the meeting seeking **RENEWAL** of certificate and showing the Current Officials **MUST** be attached to the Application Form.
2. List of **All** the Members duly signed with Name/Position/ID No., Telephone No. and Signatures **MUST** be attached to the Application Form.
3. Provide the Annual Progress report of the CBO.
4. Application Form **MUST** be accompanied by the BY-LAWS/ RULES/ CONSTITUTION (if it has been revised).
5. Pay Approved Renewal fee of **Ksh.500/=** only.

**NOTE: Failure to ADHERE to the above requirements will result to Non-renewal of the Certificate**