

SHG

RENEWAL

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

STATE DEPARTMENT FOR SOCIAL PROTECTION
DEPARTMENT OF SOCIAL DEVELOPMENTAPPLICATION FORM FOR THE RENEWAL OF A REGISTRATION OF SELF-HELP
GROUPS/COMMUNITY PROJECTS

COUNTY	CONSTITUENCY	SUB-COUNTY	WARD

1. Basic information of the Group/Community Project

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

Name of Group/Community Project.....

Type of Group (**Tick one**) Youth Women Men Mixed PWD
 Older Persons Community Project

Date of Renewal.....

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

Email.....Mobile

Website (where applicable).....

2. Membership of the Group/Community Project**a) Current membership**

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

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

a) Physical Property(ies)

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

b) Financial (Ksh)

Cash at hand (Ksh).....

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

5. Capacity building including training

Has the group been trained?

(a) Yes (b) No

If yes by who? -----

What kind of training?

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 group?

.....

How has the training/sensitization received helped the group?

.....

Conflict management

Has the group 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 group members?.....

Membership transition:

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

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

6. Activities currently being undertaken by the Group/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 Group/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**

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

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

FOR OFFICIAL USE

1. Recommended by

Chairperson **Secretary for Locational/ Divisional Social Development Committee***

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

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

2. Approved and Recommended by the County Coordinator/ Sub-County for Social Development

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

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

**REQUIREMENTS FOR THE RENEWAL OF A SELF-HELP GROUP/COMMUNITY PROJECT
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 Annual Progress Report of the Group/Community Project
4. Application Form **MUST** be accompanied by the BY-LAWS/ RULES/ CONSTITUTION (if it has been revised).
5. Pay Approved Renewal fee of **Ksh.200/= only**.

NOTE: Failure to Adhere to the above Requirements will result to Non-renewal of the Certificate