DEPARTMENT OF WATER, ENVIRONMENT AND CLIMATE CHANGE

MICRO/SUB-PROJECT PROPOSAL FORMAT

Project Title:
_____
_____

Date of Proposal Submission: _____

A. BACKGROUND INFORMATION

1. Name of Group: _____

2. Group Category: ☐ Women ☐ Youth ☐ PWDs ☐ Mixed (**Tick Appropriately)**

3. Is the group registered? ☐ YES ☐ NO (**Tick Appropriately)**

a) Registration number: _____ (**Attach certified copy of the current registration certificate)**

b) Registering entity: _____

4. How long has the group been in existence: _____

5. Where is the group located?

- County: _____
- Sub-county: _____
- Ward: _____
- Sub-location: _____
- Nearest market centre to the project site: _____ (**Attach sketch Map**)

6. Has this group been active? ☐ YES ☐ NO

For how long: _____

7. Group membership **(Attach the membership list)**:

- How many are Youths: _____
- How many are Women: _____
- How many are Men: _____
- How many are People Living With Disability (PWDs): _____

Attach the membership list in this format

No	**Name**	**ID No.**	**Gender (M/F)**	**PWD (tick if applicable)**	**Age**	**Contact**	**Signature**

8. Bank/Sacco account details **(Attach a certified copy of current bank/ sacco statement)**:

- Bank Name: _____ Branch: _____
- Account Name: _____

9. Names of Group Officials **(Attach ID copies)**:

- Chairperson: _____ ID: _____ Phone No: _____
- Secretary: _____ ID: _____ Phone No: _____
- Treasurer: _____ ID: _____Phone No: _____

10. Contact Person: _____ Phone Number: _____

11. Previous group activities:

ACTIVITY	FUNDING SOURCE	AMOUNT	YEAR	IMPLEMENTING PARTNER	REMARK AND STATUS

B. PROJECT PROPOSAL

1. Project Background

a) Project Title:

_____

_____

b) Project duration: From _____ to _____

c) Total no. of beneficiaries: _____ Male: _____ Female: _____

• Direct beneficiaries: Male: _____Female: _____

• Indirect beneficiaries: Male: _____ Female: _____

• Vulnerable beneficiaries(Youth, Women, Widows/Widowers/Orphans/PWDs/Elderly **(Specify)**: _____

d) Location of the project (Geo Coordinates): _____

e)Who owns the proposed sites **(Land ownership documentation shall be required if the project qualifies for funding)**: _____

2. Project Identification

a) How was the project identified? ☐ Group members ☐ Others **(tick where appropriate)**

b) What events took place in developing the project idea? **(Describe & Attach minutes)**

_____ _____ _____ _____

_____

_____ _____ _____

_____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____
_____ _____ _____ _____ _____

3. Project Framework

a) List the community problems the project aims to address:

i. _____
_____

ii. _____
_____

iii. _____
_____

iv. _____
_____

v. _____
_____

b) What are the objectives of the project:

i. _____

ii. _____

iii. _____

iv. _____

v. _____

c) Item Required:

S/NO	ITEM	DESCRIPTION (SIZE/SPECIES/TYPE/ETC	NUMBER

d) What are the Project-related risks that may be associated with implementing the project?

i _____

ii_____

iii_____

vi. _____

vii. _____

e) What are likely project impacts (positive/negative) of the proposed project?

i _____

ii_____

iii_____

viii. _____

ix. _____

f) How will the proposed project assist in achieving FLLOCA Program Development Objective which is to build resilience to climate change risks in the targeted community?

i _____

ii_____

iii_____

x. _____

xi. _____

g)Who will be involved in Monitoring of the project?

_____

_____

_____

_____

_____

h) Who will be the custodian(s) of group equipment/tool/animals/support:

Name: _____

Designation: _____

ID No: _____Tel: _____

Signature: _____

i) How will you ensure the sustainability of the project?

I. _____

II. _____

III. _____

IV. _____

V. _____

j) How will you share/manage benefits from the project

_____
_____
_____
_____
_____

k) How does the group address conflict within the group?

_____
_____
_____
_____
_____

4. DETAILED BUDGET

l) Provide budget of the proposed provide in this format **(Attach the budget with the format below if the space is not adequate)**

No.	Budget Item Description	Cost in Kshs.

Operations and Maintenance Costs

No.	Item	Cost in Kshs.
1.	Estimated Annual Operating Cost	
2.	Estimated Annual Maintenance Cost	
3.	Staffing and Maintenance Arrangements	

B. List the contribution that the group will provide in-kind:

I. Labour (man-days & value):

_____
_____
_____
_____
_____

II. Materials (type, quantity & value)

_____
_____
_____
_____
_____

We certify that the preceding information is true.

Chairperson: _____Signature: _____ Date: _____

Secretary: _____Signature: _____ Date: _____

Group member: _____Signature: _____ Date: _____

For Official Use Only

Comments by the WCCPC: _____

Recommended: ☐ Yes ☐ No

Name: _____ Signature: _____ Date: _____

Forwarded to CCU

Name: _____ Signature: _____ Date: _____

Comments by the Technical Committee:

_____
_____
_____
_____
_____

Endorsed: ☐ Yes ☐ No

Name: _____ Signature: _____ Date: _____

CONDITIONS FOR QUALIFYING FOR CCCF GRANT

To qualify for the youth, women, men and persons living with disability income generating activities through support, equipment, breeding animals, chicks and tools the interested groups must meet the following conditions;

a) Group must be registered with the state department for social development or any other registering entity.

b) The registration certificate MUST be valid or renewed to reflect the current calendar year.

c) The group must be active and MUST have a constitution or rules and/or regulations that govern its operations

d) At least two thirds of the group members must be within the 18 to 34 age bracket for the youth group or must be women for women groups or people living with disability depending on the category of the group or as may be prescribed by any written law or policy.

e) For micro-projects at least 80% of the group members must reside within the ward where the application is made.

f) The members of the group at any time of its existence must correspond with the list held by the state department of social development.

g) For micro-projects, a person cannot be a member of more than one group to benefit from the program.

h) The group must have in its possession minutes with resolutions that demonstrate how decisions are arrived at.

i) On receiving the equipment's/tools/input/animal/chicks/support the group must select a person who will take custody of the assets, on behalf of members through a written MoU.

j) The equipment however will remain the property of the county Government of Nyeri including their disposal which must conform to the Public Procurement and Disposal act of 2007 in case of negligence or dissolution of the group.

k) The department in case of misuse, incessant wrangles within the group that prevents the members from achieving the set objectives reserves the right to reclaim the seedlings, seeds, animals/equipment(s) and tools including surcharging the group members for unexplained or unjustified losses.

l) For a group to qualify for a project funding that requires space, or certain professional experience, the group must demonstrate that it has such space or possess such professional experience.

m) The department will work closely with other county departments, agencies of the national government to supervise, monitor and evaluate performance of the group which will form the basis for further support or withdrawal of such support as the case might be.

n) In case of theft, fraud or unjustified expulsion of members or unexplained departure of more than a third of the members, or complaints from members during the support of the project, the climate change unit will use its Grievance Redress Mechanism to investigate the issue which may include employing state or county agencies, the report of which will form the basis of its decision.

CHECKLIST OF THE REQUIRED DOCUMENTS (MUST BE ATTACHED BEFORE SUBMISSION OF THE PROPOSAL)

1. A copy of the current Registration certificate.

2. Budget of the proposed project

3. A sketch map of the proposed project site from the nearest market.

4. Group Membership List.

5. A certified copy of current bank/ SACCO statement.

6. A copy of Identity Cards for group officials I.e chairman, Treasurer and Secretary.

7. A copy of the minutes of the meeting that endorsed the project proposal.