

Appendix II: Application Form



REPUBLIC OF UGANDA

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

INNOVATION FUND FOR GREEN JOB CREATION

INNOVATION FUND PROJECTS APPLICATION FORM

PROJECT IDNO:

Instructions for filling the Innovation Fund Project Application Form:

- The application form is filled after the beneficiary(s) have completed the planning for their Priority Project.
- Fill in Duplicate One copy for the Project file at the District/Industry Association/MGLSD and another to be retained in the Project file at the Individual or Group level.
- Each copy of the application form must have passport size photograph(s) of all the beneficiaries identified and selected during the selection committee meeting.
- Attach the selection report, minutes and attendance lists of the selection committee members, Business Plan and any other relevant documents.
- The Project Application Form is not for Sale.

1.0 Innovation Fund Project Identification Information:

1.1 Project Name: _____

1.2 Component (*i.e. Skills Development or Livelihood Support*): _____

1.3 Sector (*e.g. Agriculture, Trade & Industry etc*): _____

1.4 Project Type (*e.g. Dairy Production, Carpentry, Fish farming etc.*): _____

1.5 Project Location:

Village/Cell: _____ Parish/Ward: _____

Sub-county/Division/Town Council: _____

District: _____ Location (*tick appropriate box*):

Rural [] Urban []

1.6 Project Contact Person (*Name & Telephone of Chairperson of the interest Group or Individual*):

Name: _____ Telephone: _____

2.0 Project Description/Details:

2.1 Project Objectives (Why the Individual or Group need the Project?):

2.2 Project Justification (What were the reasons for the choice of the Project as opposed to other options?):

2.3 Number of Direct Beneficiaries Selected : Total: _____ Male : _____
Female: _____

2.4 Estimated Project Implementation Period (From Launching to Commissioning): _____

2.5 Expected Project Benefits:

2.6 How will the Project Benefits be shared among the Members?

2.7 Does the Project Require Land?..... Yes [] No []

If YES, has the Land been Acquired? Yes [] No []

If YES, Attach a Valid Land Agreement.

3.0 Sustainability Arrangements

3.1 What plans/arrangements are in place to ensure continuity of the Project and longer term benefits to the proprietor or members?

3.2 What capacity limitations does the individual or group have in implementing the Project?

3.3 How does the Individual or group intend to address the capacity limitations stated in 3.2, above?

3.4 What risks are involved in implementing the Project?

3.5 How does the individual or group intend to prevent or mitigate the risks identified in 3.4, above?

4.0 Environmental and Social Safeguards

4.1 What potential adverse environmental and social effects/impact may occur as result of implementation of the Project? (State the mitigation measures for each).

No	Potential Environmental Effects	Proposed Mitigation Measures
1		
2		
3		
4		
No	Potential Social Effects	Proposed Mitigation Measures
1		
2		
3		
4		

Table 1: ACTION PLAN

List the major activities to be undertaken under the Project

Activities to be Undertaken	Who will carry out the activity?	When will the activity be carried out?	At what cost will the activity be done (UGX.)?	Remarks

If the space provided in this Table is not enough, photocopy this page before filling and fix it in the right position

Table 2: PROJECT BUDGET

Indicate the breakdown of the Projects cost for all inputs/activities in the Table below:

No.	Activity /Item to be procured	Unit	Quantity	Unit Price (UGX.)	Total Cost (UGX.)	Remarks

Table 3: PROJECT BENEFICIARIES' INFORMATION AND MEMBERS SHEET

We the undersigned members of the _____ Innovation Fund Project undertake to co-operate within ourselves for purposes of implementation of the Project and to ensure that we individually and collectively meet all the obligations spelt out for beneficiaries under the Innovation Fund Programme.

Name of Beneficiary	Sex	Age	Village	Household Size	Passport size photo	Signature/Thumb print
1.						
2.						
3.						

Name of Beneficiary	Sex	Age	Village	Household Size	Passport size photo	Signature/Thumb print
4.						
5.						
6.						

Name of Beneficiary	Sex	Age	Village	Household Size	Passport size photo	Signature/Thumb print
7.						
8.						
9.						

Name of Beneficiary	Sex	Age	Village	Household Size	Passport size photo	Signature/Thumb print
10.						

Table 4: BENEFICIARIES BY CATEGORY

Provide information on each and every Beneficiary in the table below. Note that one Beneficiary may fall in more than one category (eg. A person may be a male, youth with disability, living with HIV, as well as O’level school dropout. Such a person should therefore be included in all those categories).

Category of Youth	Frequency (Number)		
	Male	Female	Total
1. Male			
2. Female			
3. Not had opportunity to attend formal education			
4. School dropouts (primary)			
5. Completed primary school (P.7)			
6. School dropouts (O’level)			
7. Completed O’level			
8. School dropouts (A’level)			
9. Completed A’level			
10. Dropouts from training/tertiary institutions			
11. Completed tertiary institutions (including University)			
12. Youth with Disability			
13. Youth Living with HIV/AIDS			
14. Single parent Youth			
15. Others (Specify.....)			

Table 5: INNOVATION FUND PROJECT MANAGEMENT

A: Innovation Fund Project Management Committee (IFPMC):

Position	Name	Sex	Village	Signature
1. Chairperson				
2. Secretary				
3. Treasurer				
4. Committee Member				
5. Committee Member				

B: Innovation Fund Procurement Committee (IFPC):

Position	Name	Sex	Village	Signature
1. Chairperson				
2. Vice Chairperson				
3. Secretary				
4. Committee Member				

Position	Name	Sex	Village	Signature
5. Committee Member				

C: Social Accountability Committee (SAC):

Position	Name	Sex	Village	Signature
1. Chairperson				
2. Vice Chairperson				
3. Secretary				
4. Committee Member				
5. Committee Member				

5.0 Beneficiaries Selection

Confirmation of beneficiary list by the Selection Committee:

No	Name	Position	Signature	Date

6.0 Youth Group Endorsement

BUDGET:

- Total Project Budget UGX.....
- Amount in words:.....

BENEFICIARIES:

- Total Number of Beneficiaries.....
- Number of Female Beneficiaries(.....%)
- Number of Male Beneficiaries(.....%)

SIGNATURES OF IFPMC EXECUTIVE:

TITLE	Chairperson	Secretary	Treasurer
NAME			
SIGNATURE			
DATE			

Appendix III: Recommendation Format

Recommender

I do certify that the beneficiary(s) of the
“.....Innovation Fund
Project”, listed above, is (are) personally known to me and that they are bona fide residents of the location(s)
given.

I do recommend them (him or her) for a Grant Support of..... under
the Innovation Fund Programme (IFP), Ministry of Gender, Labour and Social Development.

I do commit to constantly advise them (him or her) to ensure that the funds are used for the purpose for
which it is approved and that they meet their obligations under the Programme in a timely manner.

Name of Recommender:.....

Position/Title:.....

Signature:Date:.....Village:

Parish:.....Sub-county:.....District:.....Telephone:.....

Attach all Relevant Documents including:

- Business Plan and Budget Details
- Land Agreement (if any)
- Minutes and attendance lists for District Selection Committee meetings