



REPUBLIC OF ZAMBIA
CONSTITUENCY DEVELOPMENT FUND (CDF)
GRANT APPLICATION FORM FOR YOUTH, WOMEN AND COMMUNITY
EMPOWERMENT

Instructions: This application form should be completed by the applicant and sent together with supporting documents to the Chairperson, Ward Development Committee.

NOTE: *This form is not for sale.*

Disclaimer: *Completion of the form does not guarantee the award of the Grant*

Project Identification Number <i>(for official use only)</i>	YE/Zone/Ward Code Number WE/Zone/Ward Code Number CE/Zone/Ward Code Number
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Seed money to Cooperatives, Clubs and Organised Groups to support Community Savings Groups (e.g. Village Banking and Chilimba) Grant Type:.....
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Grant Amount (ZMW)	
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Date of Application	
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Section A. General Details (To be filled by the applicant)

1. Name of Club/Organised Group/Enterprise/Cooperative making application.....
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2. Project Location:

- (a) Name of District.....
- (b) Name of Constituency:
- (c) Name of Ward
- (d) Name of Zone
- (e) Business Physical Address.....

3. Date when Club/Organised Group/Enterprise/Cooperative was registered with relevant authorities.....

4. Does the Club/Organised Group/Enterprise/Cooperative have any experience in a project of similar nature?

- (a) Yes
- (b) No If yes please explain

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Section B: Project Identification

5. What are the main problems in your community?

Explain

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6. What problem is the project going to address?

Explain.....

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7. How did the group identify the project? (Attach Minutes where applicable)

Explain.....

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8. How will the project benefit the community?

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9. How many direct jobs will be created?.....

SECTION C: FINANCIAL ASSESSMENT

10. Have you taken any loan from any organisation in the last 3 years?

- (a) Yes
- (b) No

11. If yes, from which organization and how much was the loan?

- a.
- b.

12. If yes to 10, what is the status of the loan taken?

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13. Provide Bank account or mobile money wallet registered for your Club/Group/Enterprise/Cooperative:

BANK NAME

BRANCH.....

SORT/BRANCH CODE.....

SWIFT CODE.....

ACCOUNT NUMBER.....

TPIN

MOBILE MONEY WALLET NAME AND NUMBER.....

14. Has your Club/Group/Enterprise/Cooperative received any training in any of the following;

- (a) Entrepreneurship/Business Skills
- (b) Technical and Vocational Skills
- (c) Savings (d) Functional Literacy
- (e) Financial literacy

If trained, how many members?

15. If yes, from which organization and how long was the training?

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16. List of Membership in the Club/Group/Enterprise/Cooperative:

S/N	NAME	POSITION	NRC	PHONE NUMBER	SIGNATURE

17. DECLARATION

We the undersigned, on.....this.....day of..... 20.....declare that the information given herein is the correct state of affairs to the best of my knowledge. We will take full responsibility in the event of abuse, mismanagement, defrauding of the funds provided under this empowerment fund:

S/N	NAME	POSITION	SEX	NRC	SIGNATURE

Note: In the case where you have multiple members, the signatory to the application must be limited up to 5 members.

18. Contact Person(s):

First Applicant

Second Applicant

Name.....

Name

Physical Address:

Physical Address:

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Phone:

Phone

NRC.....

NRC.....

Signature.....

Signature.....

Date.....

Date.....

SECTION D: RECOMMENDATION BY THE WARD DEVELOPMENT COMMITTEE

Recommended/Not Recommended/Deferred

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Reasons:

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Name (Chairperson):

Sign:

Date:

SECTION E: DECISION BY THE CONSTITUENCY DEVELOPMENT FUND COMMITTEE

Approved/Not Approved.....

Reasons:

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Name (Chairperson):

Sign:

Date:

**APPRAISAL: CHECK LIST FOR YOUTH, WOMEN AND COMMUNITY
EMPOWERMENT FOR OFFICIAL USE**

S/N	CHECKLIST	TICK
1.	Valid Certificate of Registration	
2.	Green National Registration Card for Individual Applicants	
3.	Active Bank Account	
4.	Constitution of the Club/Group/Enterprise/Cooperative	
5.	Copies of Green National Registration Cards of members	
6.	Copy of Signed Minutes	
7.	Proof of property ownership/lease/consent agreement (Where Applicable)	
8.	Applicant has lived in the Constituency minimum of 6 months	
9.	Is the project located within the Constituency	
10.	Is the business viable (increase in working capital, profits)	
11.	How many direct jobs will be created by the project?	

OFFICERS FULL NAMES.....

DESIGNATION.....

DEPARTMENT

DATE.....

SIGNATURE.....