



**USAID**  
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## G-Youth Capacity Building Grants

### PROPOSAL FORM

Cycle No. II

## INSTRUCTIONS

Please read carefully through the attached (enclosed) **Information Note** before filling out this proposal form. The Information Note explains the eligibility criteria, selection process and other important details. Please also read the short instructions at the top of each section of this proposal form and do your best to adhere. Be brief and to the point without losing important information or ideas. Answer all questions as best you can. Remember any incomplete applications will be ignored or automatically disqualified. Please drop your completed proposal at the G-Youth 'youth' office before the deadline. Proposals delivered outside the deadline are automatically disqualified. Proposals will only be accepted in the **ORIGINAL** Hard copies provided or **INTERNET** downloaded forms clearly marked. All proposals must be signed or include the names of authorized persons submitting on behalf of their organization.

Proposals are to be submitted at the G-Youth "Youth Office" in a **Plain Brown Envelop Clearly Marked** as follows:

**Name of Youth Group:** \_\_\_\_\_

**Location:** \_\_\_\_\_

***This Proposal Form has 5 sections:***

- Section I – Information on the Applicant*
- Section II – Project Details*
- Section III – Work Plan*
- Section IV- Budget*
- Section V- Mandatory Attachments (Annexes)*

### **Contacts for further inquiries**

**Name:** Program Officer - KCDF  
**Tele:** +254-20-3540239  
**Mobile:** +54-0736 449217  
**Email:** [vijana@kcdf.or.ke](mailto:vijana@kcdf.or.ke)  
**Address:** P.O Box 10501-00100, Nairobi, Kenya  
Junction of Pamba & Chai Road  
Pangani, Nairobi

### **OR**

**Name:** Grants Officer - G-Youth Office  
**Tele:** +254-462102064  
**Email:** [info@g-youth.org](mailto:info@g-youth.org)  
**Address:** G-Youth Office; Off Kismayu Road, Garissa

## PART A: APPLICANT INFORMATION

This part when filled out should not exceed 2 pages.

### 1. Contact Information of applying organization

Name of your organization:	
Name of suggested project manager:	
Age of project manager (between 18-30):	
Sex of project manager (male / female):	
His/her current position:	
Phone:	
E-mail:	
Address:	
Website (if applicable):	

### 2. Type of applying organization Please refer to the definitions in the *Information Note*.

Is your organization:	Yes	No		Yes	No
- non-governmental			- legally registered		
- non-partisan			- youth-led		
- not for-profit					
When registered (month, year):					
Type of registration:					
Registration number:					

### 3. Mission/structure of the applying organization

Brief description of the organization and its objectives:	
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What makes you a youth-led organization?	
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#### 4. Main partner organization(s)

Do you have a partner organization(s)?	Yes	No
	If yes, please fill in the information below. Use a separate sheet for additional partners.	
Name of organization/group:		
Primary contact person:		
Position/Title in current organization:		
Phone number:		
E-mail:		
Address:		
Website (if applicable):		
Type of organization <sup>1</sup> (please specify):		
Registered (yes/no):		
Registration number (if applicable):		
Partnership established (month, year):		

## PART B: PROJECT OVERVIEW

#### 5. Project Title

Proposed short title of your project:	
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## 6. Project Duration

Expected length of your project (max time is six (6) months):	
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## 7. Project Area

Projects will only be implemented within the Garissa Municipality. In which of the following locations is your project going to be implemented?

Select your Location (Mark with an 'X')	'X'	Select your location	'X'
Medina Location		Township Location	
Waberi Location		Galbet Location	
Iftin Location			

## 8. Requested resources

Please provide an estimated scale of the grant funding needed for the implementation of the proposal.

KES 85,000 to 150,000	
KES 150,000 to 300,000	
KES 300,000 to 400,000	
KES 400,000 to 500,000	

## 9. Target groups

What types of community members are you targeting? *(Mark all that apply with an X)*

Young women		Youth with families	
Young men		Refugees	
Peri Urban youth		Disabled youth	
Urban youth		Youth with little or no education	
Out-of school youth		No specific youth sub-target group	
Other (please specify):			

## 10. Green Initiative

Does your proposal create green entrepreneurship or employment opportunities for youth? See information note for explanation of green initiatives	Yes	No

## PART C: PROJECT DETAILS

### 11. Problem definition:

a. Who are the young people that you would like to target?	
b. What issues/challenges/needs do this target group face (including in the areas of employment or entrepreneurship)?	
c. How did you identify these issues and needs?	
d. Why is it important to address your proposed target group and their constraints in particular?	

### 12. Project idea:

a. What is your project idea?	
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b. How will it address the problem described above?	
c. Does it intend to develop entrepreneurship among Youth? How?	

**13. Project Objective:**

a. What would your project achieve?	<b>State the main objective:</b>	
b. What concrete results would it have? Please list 3-4 key measurable results:	Result 1:	
	Result 2:	
	Result 3:	
	Result 4:	

**14. Implementation:**

What specific steps/activities would be taken to implement the project? List at least five main steps in chronological order:	Step 1:	
	Step 2:	
	Step 3:	
	Step 4:	
	Step 5:	
<b>Innovation:</b> How is your project truly innovative and unique in your context?		

## SECTION II: ADDITIONAL PROJECT DETAILS

1. **Monitoring** – How will you monitor whether your activities are implemented as planned?

What activities were to be completed in first month?

How many were actually completed?

Explain the variation.

2. **Evaluation** – What are the expected measurable outcomes at the end of your project?

3. **Sustainability** – How will your project continue beyond the phase funded by the grant?

4. **Risks** - What are the main risks associated with the proposed project and how can they be mitigated? List at least 2.

5. **Replicability and Scaling-up** – What is the possibility of implementing your project elsewhere and what is the potential for this project to be expanded on a larger scale?

6. **Mentor Selection** – please indicate if you have already identified a mentor to work with you on your project. Please enter their details as shown below:

Name	Location	Current Occupation	Telephone Contact

**SECTION III: WORKPLAN**

Please briefly restate your **overall project objective** in no more than 50 Words.

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Please state your **overall expected outcome** (that is) what the project seeks to achieve by the end of the project period.

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**Please complete the sequenced work plan below.**

**Outcome Objectives:** The specific objectives you intend to achieve

**Timeframe:** when the planned activity is going to take place.

**Activity:** the activities to be carried out in order to produce the expected outputs. Please state the activities in chronological order.

**Outputs:** products/deliverables as a result of an activity. For example seminars completed, people reached, and materials distributed. Please quantify.

**Means of verification:** Please state documents, photos, and other reference materials which will be used to prove that the stated activity was carried out.

Objectives	Results	Activities	Indicators	Means of verification	Timeframe	Budget
Objective 1		1.				
		2.				
		3.				
		4.				
		5.				
Objective 2		6.				
		7..				
		8.				
		9.				

Objectives	Results	Activities	Indicators	Means of verification	Timeframe	Budget
<b>Objective 3</b>		10.				
		11.				
		12.				
		13.				
<b>Objective 4</b>		14.				
		16.				
		17.				
		18.				
		19.				

Objectives	Results	Activities	Indicators	Means of verification	Timeframe	Budget
Objective 5		20.				
		21.				
		22.				
		23.				

## SECTION IV: BUDGET

Main Activities	Expenditure items	Units	No of units	Unit cost ( price)	Total cost required	Total requested from KCDF	Other source	Total
Key activity 1 (take from work plan)								
Key activity 2 (take from work plan)								
Key activity 3 (take from work plan)								

Main Activities	Expenditure items	Units	No of units	Unit cost ( price)	Total cost required	Total requested from KCDF	Other source	Total
Key activity 4(take from work plan)								
Key activity 5 (take from work plan)								



Main Activities	Expenditure items	Units	No of units	Unit cost ( price)	Total cost required	Total requested from KCDF	Other source	Total
Your contribution (min 10% of Total Project Expenditures)								
Grant request								
Other funding sources								

## SECTION V: SUPPLEMENTARY DOCUMENTS

***Please provide all the following documents.***

1. A copy of organizational statutes (constitution),
2. A list of board members, trustees and staff,
3. Your most recent annual report or, if not available, a list of activities,
4. A one page CV of the project manager or co-ordinator
5. Signed commitment letter from the Mentor (only upon approval of grant)