



KAKUMA KALOBEYEI CHALLENGE FUND

LOCAL ENTERPRISE DEVELOPMENT WINDOW APPLICATION FORM



SECTION 1: BACKGROUND INFORMATION

a) INDIVIDUAL APPLICANTS INFORMATION

Title:	Full names:		
Individual identification number/Manifest number/Alien Card Number/Passport number			
KRA PIN no. (where applicable):	Refugee:	Host:	
If you tick refugee above, are you planning to go back to your home country in the next 3 to 5 years?			
Marital status:	If married spouse name:		
Spouse telephone no.:	No. of dependents:	No. of children:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth:	Nationality:	
Postal Address(if any):	Physical residence location:		
How long have you been at this residence:			
Physical address-Refugees:	<input type="checkbox"/> K1 <input type="checkbox"/> K2 <input type="checkbox"/> K3 <input type="checkbox"/> K4 or <input type="checkbox"/> KV1 <input type="checkbox"/> KV2 <input type="checkbox"/> KV3 <input type="checkbox"/> KV4	Other:	
Physical address-Host	<input type="checkbox"/> Kakuma Town <input type="checkbox"/> Lokitaung <input type="checkbox"/> Lodwar Town <input type="checkbox"/> Kainuk <input type="checkbox"/> Lokichogio	Other:	
Sub county:	<input type="checkbox"/> Loima <input type="checkbox"/> Turkana west <input type="checkbox"/> Turkana East <input type="checkbox"/> Turkana South <input type="checkbox"/> Turkana North <input type="checkbox"/> Turkana Central	Other:	
Ward:	Telephone or mobile number:		
Alternative phone number:	Email address:		
Alternative email address:			

b) FOR ORGANISATION/ BUSINESS NAME/ LIMITED COMPANY

Type of organization:	<input type="checkbox"/> Cooperative	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Limited Liability
Is your business/organization registered	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Business/organization name:	Business sector:		
Business regist ration no. (attach copy)			
Year/Month established:	Postal address:		
Physical address-Host	<input type="checkbox"/> Kakuma Town <input type="checkbox"/> Lokitaung <input type="checkbox"/> Lodwar Town <input type="checkbox"/> Kainuk <input type="checkbox"/> Lokichogio	Other:	
Sub county:	<input type="checkbox"/> Loima <input type="checkbox"/> Turkana west <input type="checkbox"/> Turkana East <input type="checkbox"/> Turkana South <input type="checkbox"/> Turkana North <input type="checkbox"/> Turkana Central	Other:	
Ward:			

Section 3: Business Details

Description of business activity/products (a brief description of the products/Services, scale of operation)

No. of months in operation:	Current no. of full time employees: (40 hours per week)	Current no. of part time employees:

How many female and male employees does the business have?

How many owners does the business have? Please list the owner's details in the table below:

No.	Name	Age bracket i.e 18 to 35 or above 35	Gender	Refugee or host	Nationality
1					
2					
3					

From the above named owners, who takes leadership in relation to the business and decisions that need to be made?

Why did you set up this business?

Who are the customers for your business? (Give a brief description of the range of people who are most likely customers for your product or services; who they are, what they do and why they need/want what you are selling.)

What is the most important thing for you to get right in your business (Please list and explain what you believe are the main things that you need to do well in order to make your business successful.)

What are the main things hindering you from achieving your goal/dream?

Which areas in Turkana County are you currently serving?

What are your fixed monthly revenue and costs? (Give a brief description of fixed cost item, period and price. This includes things like salaries, rent, professional charges, electricity and water bill, leasing charges or anything that will be charged to your business on a regular basis whether you are producing or not).

Financial Year	FY 2019	FY 2020
Average cash sales income per month (Kshs)		
Average purchases per month (Kshs)		
Average business expenses per month (Kshs)		
Employee wages per month (Kshs)		
Rent/leasing per month (Kshs)		
Other bills payable per month (Kshs)		
Average business profit per month in (Kshs)		

Please make any appropriate brief explanations on financial needs in the space below.
(List amounts you would like to borrow and the terms you want to borrow the money on?)

Provide details of any borrowers you currently have.

Borrower	Amount	Interest rate	Last payment date	Installments	Utilization (Why did they need to borrow?)

What was the impact of COVID-19 on your business *(for currently active businesses)? Did you have to close your business because of COVID-19 (if you do not have an active business)?*

Who are your main suppliers?

Supplies (What material and supplies will you need on a regular basis to produce your product and run your business?)	Supplier (Who will supply them to you?)	Price & Credit terms (What price will they charge? What are the payment terms?)	Back up (What are your alternative plans if they fail to supply?)

What premises, facilities and equipment do you have/ need?

Facilities/equipment (List out all the tangible things you need to run your business such as shop, equipment, tools etc.)	Cost/estimated value (Indicate the cost of the equipment/facility required.)	Purchased or rented (Please indicate P or R to show whether the item will purchased or rented.)

Provide brief description of the current condition and the cost of purchase or rental and how often this needs to be paid.

ORGANISATION AND MANAGEMENT

Who are the key people involved in your business? (Provide brief profiles of those that will be involved in managing the business.)

Who are the main people who will be helping you in the business?	First and last name	Role (Employee partner, contractor, advisor, etc.)	Skills/experience	Wages/renumeration/incentive

FUNDING DETAILS

How much funding (in Kshs) are you requesting for the proposed project?
Is your project addressing women or youth needs? <input type="checkbox"/> Yes <input type="checkbox"/> No

KKCF offers technical assistance. What technical assistance/business development services and investment needs would this project require to support its growth and sustainability?

SECTION 3: OTHER FUNDING SOURCES

Have you ever borrowed Yes No

If yes, please provide the details below:

Source (Where did you borrow from?)	Amount	Last payment date	Installments	How did you utilize the loan?	Interest rate	Loan term/duration

What is your past experience of business and this particular market?

What other sources of funding plans do you have to complement this grant?

How many people will be served by the product or service over the project's lifetime?

SECTION 4: RESULTS

How many jobs will be created through this funding? *(Please split between male and female and youth)*

SECTION 5: RISKS AND ASSUMPTIONS

What are the key risks involved in your business and how do you plan to mitigate these risks? (What do you see as the biggest risk in setting up and running your business, i.e business risk, environmental risk, social risk and health and safety risk?)

IDD QUESTIONNAIRE

Tick as appropriate If YES, provide details

	YES	NO	
Has your business/organization been in business under a different name in the past 5 years?			
To the best of your knowledge, has any individual listed as a key personnel/ director/shareholder, in the last 3 years been a government official, official of any government entity, official of a political party or a military official?			
In the last 10 years, has any key personnel/ director/ shareholder been subject to criminal investigation or convicted of fraud or corruption?			
Has the business or key personnel ever been implicated in abuses of human rights or labor rights?			
Is any key personnel/ director/shareholder currently undergoing any civil or criminal investigation?			
Has your business been in breach of local, county or national government requirements? (Consider any warning letters, fines or penalties issued to the company by any governing body relating to business conduct, tax, financial reporting, business licenses etc.)			
Has your business or key stakeholders received any negative media publicity in the last 3 years?			

DECLARATION

I/We _____ declare that the information given herein is true to the best of my/our knowledge and belief. I/We further authorize AECF to verify the information given herein and make reference from any person(s)/institution (s) named herewith.

SECTION 6: INTEGRITY DUE DILIGENCE

KKCF has a grievance management process. Should you have any grievance/complaint, please visit our website on kkcfke.org

List of supporting documents to be attached

1. Company registration documents (business licenses, PIN certificate, company registration document)
2. Proprietors identification documents (ID cards for Kenyan nationals, Manifest number and Alien cards for the refugee entrepreneurs)
3. Tax compliance certificate
4. Sketch map of the location of the business
5. Bank statements for the last 6 months (include for all accounts including any loans)



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For more information
www.kkcfke.org

Application details:
All enquiries on application documents,
email: info@kkcfke.org

Submissions:
All physical submissions: KKCF office located on
the 1 st floor, KCB building, Kakuma Town.
All online submissions should be via the
e-mail address: led@kkcfke.org

Contact details:
KKCF Office Location: 1 st floor, KCB building, Kakuma Town.
Mobile Number: +254 794626467

