



REPUBLIC OF UGANDA

MINISTRY OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

UGANDA WOMEN ENTREPRENEURSHIP PROGRAMME (UWEP)

WOMEN ENTERPRISE APPLICATION FORM

ENTERPRISE IDNO:

(Assigned by the District Focal Point Person after Enterprise Approval)

Instructions for filling the Women Enterprise Application Form:

- The application form is filled after the women have completed plans for their Priority Enterprise.
- The filling of the form shall be facilitated by the Sub-county CDO/ACDO or a person designated by the Sub-county Chief.
- Three copies of this form should be filled: One copy for the Enterprise file at the Sub-county, one for the Enterprise file at the District and another to be retained in the Enterprise file at the Group level.
- Each copy of the application form must have a group photograph of all the beneficiaries selected during the community meeting.
- Attach the Expanded Participatory Rural Appraisal (EPRA) report, minutes and attendance lists of the community participatory planning meeting(s), Business Plan and any other relevant documents.
- Submit the completed and signed copies to the Sub-county through the Sub-county Focal Point Person (CDO/ACDO)
- The Women Enterprise Application Form is not for Sale **BUT** can be photocopied

1.0 Women Enterprise Identification Information:

1.1 Group Name: _____

1.2 Number of Women in a group (Direct Beneficiaries Selected): Total: _____

1.3 Has the group been in existence? YES/NO
If yes, for how long has the group been in existence _____

1.4 Component (i.e. Skills Development or Women Enterprise Fund): _____

1.5 Sector: (tick appropriate)

- a) Agriculture
- b) Forestry and Fishing
- c) Manufacturing
- d) Water supply
- e) Wholesale and retail trade
- f) Transportation and storage
- g) Accommodation and food services
- h) Information and communication.
- i) Financial and Insurance services

- j) Education
- k) Health and social work activities
- l) Arts, entertainment and recreation
- m) Others Specify _____

1.6 Enterprise Type (e.g. Dairy Production, Carpentry, Fish farming etc.): _____

1.7 Enterprise Location:

Village/Cell: _____ Parish/Ward: _____

Sub-county/Division/Town Council: _____

District: _____ Location (tick appropriate box): Rural [] Urban []

1.8 Enterprise Contact Persons (Name & Telephone of Chairperson and Secretary of the Women Group):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

2.0 Enterprise Description/Details:

2.1 Enterprise Objectives (Why the Women need the Enterprise?):

2.2 Estimated Enterprise Implementation Period (e.g 3,4,6,8 months,1 year) _____

2.3 Does the Enterprise Require Land?..... Yes [] No []

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

If YES, Attach a Valid Land Agreement.

3.0 Group capacity/skills

3.1 What capacity/ skills does the group have to implement the Enterprise?

3.2 What capacity/ skills does the group need to implement the Enterprise?

3.3 How does the group intend to address the capacity/skills stated in 3.2, above?

3.4 What risks are involved in implementing the Enterprise?

3.5 How does the group intend to prevent or overcome the risks identified in 3.5, above?

BUDGET AND REPAYMENT PLAN

3.6 What is the total enterprise budget?

3.7 What is your proposed repayment plan?

Table 3: ENTERPRISE BENEFICIARIES' INFORMATION AND MEMBERS CO-GUARANTEE SHEET

We the undersigned members of the _____ Group undertake to co-guarantee ourselves (stand for each other) for purposes of implementation of the Group and to ensure that we individually and collectively meet all the obligations spelt out for beneficiaries under the Uganda Women Entrepreneurship Programme.

Name of Beneficiary	Type & ID Number	Position	Committee (Management, Procurement & Accountability)	Age	Village	Contact	Signature/Thumb print
1.							
2.							
3.							
4.							
5.							
6.							
7.							

Name of Beneficiary	Type & ID Number	Position	Committee (Management, Procurement & Accountability)	Age	Village	Contact	Signature/Thumb print
8.							
9.							
10.							
11.							
12.							
13.							
14.							
15.							

Recommender

I do certify that the beneficiaries of the “..... Group”, listed above, are personally known to me and that they are bona fide residents of the proposed location of the Group.

I do recommend them for a Revolving Fund Support of Ushs. under the Uganda Women Entrepreneurship Programme (UWEP), Ministry of Gender, Labour and Social Development.

I do commit to constantly advise them 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:

- Budget Details
- Land Agreement (if any)
- Minutes/EPRA and attendance lists for community participatory meetings.

FOR OFFICIAL USE

Comments of the Sub-County Beneficiary Selection Committee:

Confirmation of beneficiary list by the Selection Committee:

No	Name	Position	Signature	Date