



To improve the livelihoods
of agro-pastoralists through
enhanced forage
production, grazing and
landscape management

Forage Seed Fund Application Form

February 2022

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1. APPLICANT BASIC INFORMATION

a) County and sub-county		
b) Ward and Location		
c) Name of the applicant		
d) Telephone number and email	Telephone number:	Email address:
e) Male/female and age	Male:	Female:
	Age:	Age:
f) Legal status of the applicant (e.g natural person, ranch, conservancy, individual)		
g) ID number or certificate of registration number (attach copy)		
h) Year of birth (ID) or year of registration if applicant is not a natural person		
Applicant's contact point if applicable:		
i) Name of primary contact		
j) Position in the organisation		
k) Telephone number and email	Telephone number:	Email address:



2. APPLICANT BACKGROUND INFORMATION

<p>a) Applicant is an individual livestock keeper, ranch, conservancy or commercial fodder producer.</p>	<p><i>Choose and fill whichever is applicable:</i></p>
<p>b) Annual rainfall and altitude of the site to plant forages</p>	<p><i>Annual rainfall:</i></p> <p><i>Altitude:</i></p>
<p>c) Soil analysis report available? (yes/no, if yes please share)</p>	
<p>d) Livestock keeping system (zero grazing, semi-zero grazing, free grazing, feedlot)</p>	<p><i>Choose and fill whichever is applicable:</i></p>
<p>e) Type of livestock for which forages are to be grown for, i.e. cows, goats, sheep</p>	
<p>f) Herd /flock size</p>	<p>..... dairy cows beef cows</p> <p>..... dual purpose</p> <p>..... goats sheep</p>
<p>g) Land size and acreage currently under forage crops or pasture.</p>	<p>Total land size:..... acres</p> <p>Forage crops: acres</p> <p>Pasture: acres</p>
<p>h) Do you have irrigation for forage production ?</p>	<p>Yes/No</p> <p>Acres irrigated:</p>
<p>i) Type of forage crops and pasture currently grown/ used</p>	
<p>j) Do you practice forage conservation (hay, silage)?</p>	
<p>k) Applicant buys/sells hay or other forages?</p>	<p><i>Yes/No, if yes please indicate below</i></p> <p>Buying bales per year</p> <p>Selling bales per year</p>



<p>l) Did you participate in any ICSIAPL farmer field schools, training on forage establishment/management, and where (which site)?</p>	<p><i>Describe main topics of training and forages:</i></p> <p><i>Location of training:</i></p>
<p>m) Did you participate in any other training on forages provided by other projects in the county (e.g ASDSP, KCAP, Resilience or other?).</p>	<p><i>Describe topics for training:</i></p> <p><i>Project/institution that facilitated the training:</i></p>

3. APPLICANT REQUEST

	Variety	Acres	Kgs	Remarks
<p>a) Seed variety/-ies requested and how many acres. <i>NB: Max. 3 forage seed varieties each max. 1 acre for individual farmers / agro pastoralists (max KES 35,000 subsidy). Ranches and conservancies no maximum acreage but maximum seed subsidy is KES 75,000.</i></p>	<p>1.</p> <p>2.</p> <p>3.</p>	<p>1.</p> <p>2.</p> <p>3.</p>	<p>.....</p> <p>.....</p> <p>.....</p>	<p><i>For legumes please provide soil analysis</i></p>
<p>b) When do you intend to plant the forage seeds.</p>	<p><i>Indicate month and year</i></p>			
<p>c) Will you use irrigation for the forage production</p>	<p>Yes/no</p>			
<p>d) Have you set aside the required land, has the land been fenced & ploughed?</p>				
<p>e) What are your expectations of the improved forages or forage seeds requested for?</p>				
<p>f) Are the forages for feeding your livestock or for selling</p>				
<p>g) Is the forage seed meant for reseeding?</p>				
<p>h) If for reseeding, do you have grazing management plan for the grassland?</p>				
<p>i) If forages are for cut & carry, do you feed them fresh or conserve (hay or silage). Or both?</p>				



j) If selling, are you selling the forage or the seed/ splits?	
k) Which farm machinery do you have or hire for establishment and harvesting of fodder crops?	
l) What plans have you made for storage/ conservation structures?	
m) Would you make use of training if offered?	
n) What other support do you require regarding forage production?	

4. APPLICANT DUE DILIGENCE

Please provide answers to the following questions

Have you or any employee or staff member of your organisation ever been employed by SNV Kenya or KALRO? Yes/No

If yes, provide the name of the person in your organisation, and a description of the employment period, job title, and the duration of the employment period. *If yes, give details*

Are you or any family members or employee of your organisation related (by blood, marriage or otherwise) to any employee of SNV Kenya or KALRO? *Yes/No*

If yes, please provide the name of this person and the name of the SNV/KALRO staff member they are related to. State the nature of the relationship. *If yes, give details*

Are there any other potential conflicts of interest between you/your family or organisation and SNV, KALRO or any of its partners, staff, offices, contracted consultants or vendors? *Yes/No*

If yes, please provide further information here. *If yes, give details*



5. APPLICANT SIGN-OFF

I have the necessary authority to act for and on behalf of the applicant in signing this application and that all information provided in the foregoing pages is correct and complete.

I have taken notice and understand the **Forage Seed Fund Guidelines** and will endeavour to comply with these guidelines, especially as regards the roles and responsibilities of the applicant.

I give permission to SNV/ICSIAPL to document and share information with third parties on the performance of the forages planted with the support of the project. This information can be in writing, in pictures or on video and sharing can be through social media, websites and publications.

If so requested, I give permission to SNV ICSIAPL to make visible on-site the name of the donors of the ICSIAPL (i.e. the European Union and the Government of the Kingdom of the Netherlands).

I am aware and agree that SNV/ICSIAPL will not take responsibility or liability for any costs or losses incurred by me for participating in the application process or those related to the planting and feeding of the forage seeds/forages requested for.

By filling out and signing below this Application Form, I acknowledge to be fully aware of these provisions and to be in full agreement with all.

Date:

Name applicant:

Represented by:(only if applicable)

Signature:

ID number:

Stamp if available:



6. REVIEW BY ICSIAPL PROJECT TEAM

6.1 Advise and recommendations County Technical Advisor (CTA)

a) General observations/advise

Seed varieties & acreage requested in line with the Guidelines and Annex 1 (List of pre-selected forages)? Yes/No, if not explain

c) Quantity of seed varieties and acreage recommended by CTA

NB: if different from the request please explain

	Variety	Acres	Kgs
1.		
2.		
		
		
		
		
		
		
		
		

1. **Consulted with ToT, County staff, KALRO, PMO/ProDairy, others (please name)?**
Optional
Indicate who:

Date:

Name:

Signature:

.....
.....
.....





6.2 Advise and recommendations Business Innovation Advisor (BIA)	
a) Review advise CTA	
b) Seed varieties requested/ advised on the pre-selected forages list (Annex 1)?	<i>Yes/No, if not explain</i>
c) Seed varieties requested/ advised: - - Seeding rate = kgs per acre - Cost per kg - Cost per acre	1. Variety X: kgs/acre x Price/kg= costs/acre Number of acres x cost/acre = KES 2. Variety Y: kgs/acre x Price/kg= costs/acre Number of acres x cost/acre = KES 3. Variety Z: kgs/acre x Price/kg= costs/acre Number of acres x cost/acre = KES Total costs: KES
d) Acreage and costs within allowable budget (per client and total budget FSV per window).	Yes/No Remarks:
e) Advise seed quantities and total subsidy for approval	1. Variety X: kgs 2. Variety Y: kgs 3. Variety Z: kgs Total subsidy: KES
f) Seed suppliers	1. Variety X: name supplier 2. Variety Y: name supplier 3. Variety Z: name supplier
3. Consulted with CTA, KALRO, PMO, ProDairy, CIAT others (please name)? Optional	<i>Indicate who:</i>



Date:
Name:
Signature:
6.3 Decision ICSIAPL Project Manager	
a) Decision	<i>Approve/reject</i>
b) Remarks	
c) Consulted with CTA, KALRO, BIA, others (please name)? Optional.	
Date:
Name:
Signature:

