



MINISTRY OF WATER, SANITATION AND IRRIGATION
NORTH RIFT VALLEY WATER WORKS DEVELOPMENT AGENCY

Tel. 0700 347 896/ 0753 347 896, Email: info@nrwwda.go.ke

PROJECT APPRAISAL APPLICATION FORM

FORM No. NRV/PAAF/2023/..... (To be filled by the Agency-NRVWDA)

Please complete all sections of this form as appropriate in **BLOCK** letters, Sign, scan and email to info@nrwwda.go.ke or post through P.O. Box 1012-30100, ELDORET. Copies may also be delivered to NRVWDA offices located at Office of the Auditor General Building (2nd floor) along Furfural Road, Opposite Public Works (Mechanical & Transport Division), Eldoret Town.

Information provided in this form will be treated with the utmost confidentiality.

PART A: DETAILS OF APPLICANT

Date of application.....

A1: Name of applicant (Individual/ Institution/Firm/CBO)

A2: Nationality A3: KRA PIN.....

A4: Address Postal code

A5: Telephone No..... A6: Email:

A7: Alternative Contact Person..... Tel.....

PART B: PARTICULARS OF THE PROPOSED PROJECT

B1: Type of Project (Tick as appropriate)

- a) Borehole
- b) River abstraction
- c) Springs
- d) Roof catchment
- e) Water pan
- f) Dam
- g) Sand dam
- h) Sanitation facility
- i) Any other (Specify)

B2: Project Location

- a) County.....Subcounty/Constituency.....Ward.....
- b) Location.....Sublocation.....Village.....
- c) Geographical coordinates (if available): Northing.....Easting.....

B2: Brief Description of the proposed project

- a) Is it an existing project requiring rehabilitation/expansion? Yes.....No.....
- b) If existing project kindly state the condition/status of intake, pipelines, storage tanks, mode of water treatment, capacity produced per day, communal water points and other project components. State also the year of implementation, source of financing, implementing Agency and the cost of the existing project);

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- c) Indicate the proposed rehabilitation/expansion measures to improve the existing project.
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d) Is it a completely new project? Yes..... No.....

e) If new project, what is the proposed scope of the project?

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f) Uses of the project: e.g. Domestic Livestock Irrigation Industrial

g) How will the project benefit the local community? (state how the project will contribute to economic live hood, reduction in waterborne diseases, general employment etc.)

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h) No. of beneficiaries; *(Fill in the following tables as appropriate)*

Table 1: Educational Institutions

S/No	Name of educational institution/facility	Estimated No. of beneficiaries
Educational centres (Primary schools, Secondary Schools, Colleges, Universities etc)-indicate whether boarding or day, indicate specific number of boarded and day students separately)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
etc		

Table 2: Health Institutions

S/No	Name of Healthy Facility	Estimated No. of beneficiaries
Health facilities (Indicate whether inpatient or outpatient)-indicate approximate number of inpatients and outpatients separately, indicate the bed capacity for the inpatient facilities i.e number of wards, beds etc.)		
1.		
2.		
3.		
4.		
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7.		
8.		
9.		
10.		
etc		

Table 3: Religious Institutions

S/No	Name of religious institution	Estimated No. of attendants
Other Institutions (Churches, Mosques etc.), indicate the name and approximate number of attendants per religious institution		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
etc		

Table 4: Industries

S/No	Name of industrial institution	Estimated area of industry in acres
Industrial institutions such as cooling plants, manufacturing plants, Cereal millers etc.)		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
etc		

Table 5: Livestock

S/No	No. of Households	Estimated No. of livestock per household
Livestock (Goats, sheep, cattle, donkeys, camels, Poultry, Pigs, etc), indicate number of livestock per household		
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
etc		

Table 6: Human population

S/No	Village Name	Estimated No. of households
Domestic demand (indicate the name of the village and estimated No. of Households for each village)		
1.		
2.		
3.		
4.		
5.		
6.		
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10.		
etc		

Table 7: Commercial Institutions

S/No	Category of commercial institution	Estimated No. of staff and visitors per day
Other Institutions (Shops, Hotels etc.), indicate the estimated no of staff and visitors per day		
1.	Bars	
2.	Hotels	
3.	Shops	
4.	Butcheries	
5.	Administrative institutions e.g chiefs office, police station etc	
etc		

i) Management of the project:

- i. Is there a registered management committee/Community Based Organization? Yes.....No.....
- ii. If yes, indicate CBO Registration No.....
- iii. Indicate the total number of members in the management committee.....

B3: Sketch of the project Layout (*Kindly sketch the project source, tank sites, distribution lines, storage tanks and communal water points/kiosks. Indicate tentative distances from one component to the other*)

PART C: DECLARATION BY APPLICANT

I hereby certify that the particulars given above are correct and true to the best of my knowledge and belief

Name.....Signature.....

DesignationDate.....

PART D: FOR OFFICIAL USE

Application reviewed by:

Name.....Signature.....

DesignationDate.....

Comments.....
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Application recommended by:

Name.....Signature.....

DesignationDate.....

Comments.....
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Application approved/ Not Approved

Name.....Signature.....

DesignationDate.....

Comments:.....