

## APPLICATION FORM UNEMPLOYED AGRICULTURAL GRADUATES PROGRAMME-FUNDING OPPORTUNITIES 2025/26

Distr	ict:	Locality:	Ward:_								
Inko	si/Cllr:	Isigodi:	No. c	No. of Beneficiaries:							
No. of Females:		No. of Youth:	No. of people	No. of people with Disability:							
Project/Entity Name:		Reg. No:	Contact No.:	Contact No.:							
Com	mercial Farmer Smallholder Fa	rmer Subsistence House	sehold								
Commodity (e.g grain, red meat etc)											
ID NO											
	IID NO  Male Female Youth PWD (Cross the appropriate box/es)										
Hereby wish to make a request for the agricultural items listed below to be used solely for agricultural pruposes. I will be accountable for it and failure to do so, the department may repossess neglected goods and distribute them to new applicants who will utilize them effectively.											
DESCRIPTION OF GOODS/SERVICES REQUESTED  (NB: Detailed business plan to be submitted as per the advert)											
	(ND. Detaile	u business plan to be submit	ed as per the adverty								
No.	Designation	Name and Surname	Signature	Date							
		Name and Sumame	Signature	Date							
1.	Unemployed Graduate										
2.	Local Manager										

**Important notes:** It is compulsory that this application form is accompanied with copies of required documents as stipulated from the advertisement e.g Identity Document/Smart Cards of applicant(s), Completion Certificate, Proof of land ownership, Business Plan and compliance documents such as EIA, Water use authorization etc where necessary. Failure to do so may result in your application not being considered.

UAGYP District Coordinator



## **APPLICATION FORM (Continuation)**

## UNEMPLOYED AGRICULTURAL GRADUATES PROGRAMME – FUNDING OPPORTUNITIES 2025/26

Project / Entity Name:				Project Type:						
DETAILS OF BENEFICIARIES / PROJECT PARTICIPANTS (Please tick $\sqrt{\ }$ )										
SURNAME & NAME	ID NO. + Copy	w	M	Y	P W D	CONTACT NO.	SIGNATURE			

NB: W-Woman, M-Male, Y-Youth, PWD-People with Disability

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