



LUGAZI RURAL FINANCE DEVELOPMENT TRUST
P.O.BOX 101, LUGAZI - TEL: +256 704372685/+256 772697875
E-Mail: lugazirfdt@gmail.com - WEBSITE:

Vision	To Build a Socially and Economically Self-Sustaining Rural Community For Improved Livelihoods
Mission	To Empower Communities Through Sustainable Development Initiatives

GROUP STATUS ASSESSMENT FORM - GSAF

[The Respondent must be 18+ years and an Executive Group Member]

Date of Assessment.....

GROUP BACKGROUND INFORMATION

1. Group Full Name

2. Contact persons Tel

CHAIRPERSON	SECRETARY	TREASURY

3. **Group Physical Location**

Village/Town	
parish	
Sub-county	
District	

4. When was this group formed.....How many members are in this group.....?

FEMALE	MALE

5. Reasons for group formation;

.....

.....

.....

6. Activities carried out at group Level (At least 3)

.....

.....

.....

7. How often does the group meet?.....

8. Where does the group meet?.....

9. What does the group Possess?

ASSETS	LIABILITIES

10. How does this group benefit the community?.....

REGISTRATION STATUS

11. Is the group legally registered?Y/N. if yes, where is the group registered?

Village/Town	
parish	
Sub-county	
District	

Write **Yes** OR **No** where Applicable

12. Does the group has registration confirmation documents at all levels?

Village/Town	
parish	
Sub-county	
District	

Write **Yes** OR **No** where Applicable and see the documents

13. If the group is registered, how has the registration benefited the group?

.....

14. If the group is not registered, why?

.....

EXTERNAL COLLABORATION

15. As a group, do you receive visitors.....Y/N, if yes, specify (at least 3 visitors)

Name visitor	
Address	
Purpose of visit	

Name visitor	
Address	
Purpose of visit	

Name visitor	
Address	
Purpose of visit	

16. Do you collaborate with any other groups in and outside your locality?.....Y/N/NA If Y,
Nature of collaboration:.....
.....
.....

RECORD KEEPING

17. What type of records does the group keep?
.....
.....
.....
.....

18. Do you have group reports? Y/N.....If yes, where do you submit these reports?

REPORT TYPE	SUBMITTED TO

19. If the group has no reports why:.....
.....

Respondent Signature/Thumb Print:.....Date.....

Respondent title.....[chairperson, Secretary, Treasurer]

FOR OFFICIAL USE ONLY

Group Assessor's General Comments for Group Enrollment or Rejection

ENROLLMENT WHY?	
REJECTION WHY?	

NAME OF GROUP ASSESSOR..... DATE.....

SIGNATURE.....TITLE.....