Dedan Kimathi University of Technology
ALUMNI ASSOCIATION
WELFARE FUND
—Policy and Procedures —

Compiled by Sati Arthur, Nairobi Chapter Secretary, 2018
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**PREAMBLE**

Dedan Kimathi University of Technology Alumni Association (DeKUTAA) aims to offer members an avenue for managing their welfare in case of death of a loved one. This is in line with ensuring that members obtain adequate support whenever such unpredictable circumstances arise.

The number of fund awards are determined with consideration for changing circumstances, availability of funds and the needs of the DeKUTAA.

**1. PURPOSE**

The purpose of this policy is provide financial aid to members and for capacity building projects or programmes for the direct benefit of members.

The fund will therefore ensure a stable and continuous source of funding programme that will support members’ welfare as benevolent. Specifically, the Welfare Fund policy will:

1. Create a fund that will produce enough investment gains to be spent exclusively in awarding funds to bereaved members.
2. Provide members with some financial means to send off their loved ones or for the members own send off.
3. Offer support to members to prevent cases of alumni platforms being turned into harambee platforms.
4. The fund will be used for the sole purpose of awarding financial aid to needy members, will be treated as donation, will be used to generate revolving funds, and will not be used for any other purposes under any circumstances.

**2. MANDATE**

2.1. This policy mandates the alumni association through its representatives to collect funds from members of the association in creating a fund for facilitating members under this policy.

2.2. This policy mandates members to make claims as per the guidelines indicated herein.
3. **DEFINITIONS**

3.1. **Fund** - This is where the welfare fund committee obtains funds to facilitate welfare of member(s).

3.2. **Capacity Building Project** - is a project or investment that adds resources or value to the fund.

3.3. **Members** - Are DeKUTAA members who have subscribed to the fund.

4. **SCOPE OF APPLICABILITY**

   The policy shall apply only to members who have subscribed to the welfare fund of DeKUTAA.

5. **CONDITIONS**

   **CONDITIONS UNDER WHICH FUNDS SHALL BE GRANTED**

5.1. **MEMBERS**

5.1.1. Funds shall be granted, partially or wholly, to the next of the kin of member upon the demise of member.

5.1.2. Funds shall be granted, partially or wholly, to members upon recognition and confirmation of the death of a loved one.

5.1.3. The member(s) or claimant will be required to produce a death certificate as well as documents indicating evidence of relationship between the deceased and the member or the claimant.

5.1.4. The members must prove beyond reasonable doubt that they have been aggrieved. All evidence or documentation of proof shall be required to prove need for the fund.

5.1.5. Should the member be found culpable to lying or pretext in order to obtain funds, the member shall be liable to penalties of the amount awarded plus interest at a rate determined by the Welfare Fund Committee within a period of 2 months.

5.1.6. Members shall enter into a contract agreement as per Annex ‘A’. No deviation from the contractual terms & conditions shall be allowed unless agreed to in writing by both parties.

5.1.7. The Welfare Fund shall not be the sole resource provider for the member.

5.1.8. The Welfare Fund will go directly to the members preferred payment account under the name of the association.

5.1.9. Payments shall be substantiated with documentary proof.
5.1.10. The Welfare Fund committee shall reserve the right to withdraw any award.

5.2. CAPACITY BUILDING PROJECTS

5.2.1. The Welfare Fund Committee will inform the awarding of the fund to capacity building projects.

5.2.2. No fund will be awarded to projects that are less beneficial to the Welfare Fund and/or member.

5.2.3. Facilitators of any project granted funds shall enter into a contract agreement as per annex ‘B’. No deviation from the contractual terms and conditions shall be allowed unless agreed to in writing by both parties.

5.2.4. Signing of the contract on behalf of the project team shall rest with the supervising officer and the Chairperson of the Welfare Fund Committee.

5.2.5. Funds may be granted to a project for the duration of its implementation. No funding will be given beyond this period.

5.2.6. Payments shall be substantiated with documentary proof.

5.2.7. The Welfare Fund Committee shall ensure that each application is thoroughly screened to ensure that only the best project(s) is/ are funded.

5.2.8. Should a project fail to meet its objectives within the specified period, the team members shall be liable to repay the amount awarded to the project plus any interest agreed upon by the Welfare Fund Committee within 12 months.

5.2.9. On successful completion of the project, the Endowment Fund shall own whole or part of the output as per agreement signed by both parties.

6. ADMINISTRATIVE REQUIREMENTS

6.1. Registration forms and Claims forms for funds shall be obtained from offices designated by the Welfare Fund committee. Interested applicants are expected to attach all relevant documents and testimonials and submit them to the offices designated by the Welfare Fund Committee.

6.2. Upon the approval of the award, the fund holder must submit an original letter indicating receipt of payment. Proof of payment or receipt of the fund will have to be submitted.

6.3. No payment shall be made if the contractual agreement is not completed and signed by both the member and a representative of the Welfare Fund Committee.
6.4. Funds will not be awarded to beneficiaries who have not submitted full documents as required.

6.5. Successful claims awarded the fund will be notified through any means that the Welfare Fund Committee deems fit.

6.6. The Welfare Fund Committee shall compile a letter, within **seven (7) working days** after approval, confirming that a fund has been allocated to the member and forward a copy to the alumni’s treasurer.

6.7. All members that have been declared in breach of their contract shall be informed in writing thereof by the Welfare Fund Committee.

6.8. A member interested in claiming for a fund will submit the following documentation to the Welfare Fund Committee or the Treasurer of the Alumni Association:

   6.8.1. The completed, signed and dated fund claims form;
   6.8.2. Certified copy of National ID and any other identity document;
   6.8.3. Certificate of death or Burial permit (whichever is applicable);
   6.8.4. Certified document indicating the relationship between the member and the deceased.

6.9. A member must submit request within seven(7) days of the news of the passing away of a loved one. Late claims shall not be considered.

6.10. The Welfare Fund Committee shall establish fund registers.

6.11. The fund registers shall be updated with the number of applications and claims received.

6.12. The Welfare Fund Committee shall establish an electronic database in order to monitor the cash flow in terms of money spent and money to be spent in any financial year. This data will inform the budget for funds in the following financial year.

6.13. The following quota system shall be used as a guideline in awarding funds:

   6.13.1. Member- KES 30,000.00
   6.13.2. Spouse or partner of member- KES 30,000.00
   6.13.3. Parents of member: KES 20,000.00
   6.13.4. Children of member- not more than three (2)- KES 20,000.00
   6.13.5. Siblings of member - not more than two(2)- KES 10,000.00
   6.13.6. Economically viable project- KES 10,000.00
   6.13.7. For cover of extra family beneficiaries, a member shall contribute an additional annual fee of KES 500 per extra child and KES 1000 for additional spouse or sibling.
   6.13.8. Project whose implementation does not span for more than 2 years- based on budget and approval by the treasurer of the alumni.
6.14. The quota system indicated in 6.13 above shall be subject to revision from time to time by the welfare fund committee in consultation with the treasurer of the alumni and in consideration for the availability of funds.

7. CRITERIA FOR AWARDS

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<tr>
<td><strong>7.1</strong></td>
<td>One has to wait for at least 6 months from the moment of joining the welfare fund before they can make claims.</td>
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<td><strong>7.2</strong></td>
<td>Preference for the award of funds shall be based on members with regular contributions provided that they meet the relevant criteria.</td>
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<td><strong>7.3</strong></td>
<td>Funds shall not be granted to members who have any outstanding contributions.</td>
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<td><strong>7.4</strong></td>
<td>Members who have left the fund but had been awarded any funds must pay the amount awarded minus the total contributions made.</td>
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<td><strong>7.5</strong></td>
<td>Anyone who defaults on their remittances shall be liable to clear any and all outstanding balance plus a 6-month advance payment before being eligible for cover by the policy.</td>
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In awarding Funds the following criteria shall be considered:

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<tr>
<td><strong>7.6</strong></td>
<td>In terms of the assessment of Fund claims at the Welfare Fund Committee meetings, the following needs to be adhered to:</td>
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<tr>
<td>1)</td>
<td>All claims shall be perused for completeness and attachment of the relevant documentation.</td>
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<td>2)</td>
<td>Incomplete claims forms shall neither be returned nor considered.</td>
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<tr>
<td>3)</td>
<td>A Control sheet shall be produced for new fund claims submitted for evaluation and monitoring.</td>
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<tr>
<td>4)</td>
<td>The regular contribution of member shall be considered in awarding any funds to a member.</td>
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<td>5)</td>
<td>A member shall only be entitled to a single claim in spite of the number of loved ones lost at the time of making the claim.</td>
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</table>
8. AUTHORISATION

8.1. Claims for funds shall only be considered if recommended and approved by the Welfare Fund Committee subject to the availability of funds.

9. BREACH OF CONTRACT

9.1. The Welfare Fund Committee shall inform members in writing, through the office of treasurer of the alumni association that they committed breach of contract.

10. ROLES AND RESPONSIBILITIES

10.1. Prospective member shall:

10.1.1. Ensure that all requirements of the fund are met upon registration for membership;

10.1.2. Timely submit all relevant documentation to the Welfare Fund Committee through the Office of the Treasurer.

10.2. Welfare Fund Committee shall:

10.2.1. Co-ordinate the implementation of the Welfare Fund policy and procedure;

10.2.2. Co-ordinate training on the implementation of the Welfare Fund policy and procedure;

10.2.3. Receive and process membership subscription to the fund.

10.2.4. Ensure the timely submission of fund claims through effective and timely communication;

10.2.5. Ensure the fund applicants are informed timely of the outcome of their claims;

10.2.6. Verify fund claims.

10.2.7. Ensure that the welfare fund policy is made available and communicated properly.

10.2.8. Ensure that regulatory changes likely to affect the welfare fund policy are communicated in a timely manner.

10.2.9. Ensure that dates for submission of fund claims are set and adhered to;
11. ESTABLISHMENT OF WELFARE FUND COMMITTEE

The Welfare Fund Committee shall be established by the Executive Management of the Alumni Association in consultation with the Advisory Board.

11.1. Functions of the Welfare Fund Committee

The Welfare Fund Committee shall:

11.2. Consider the fund claims.
11.3. Ensure that all documentation is attached to fund claims before making recommendations.
11.4. Meet at least bi-anually;
11.5. Verify that fund applicants recommended do qualify.
11.6. Make recommendations and approve allocation of funds.
11.7. Submit a copy of the list of successful claims to office of the treasurer for official communication to the alumni members.
11.8. Submit a copy of the list of successful claims to the Treasurer and their respective mode of payments.
11.9. Ensures consistency in the implementation of the policy;
11.10. Ensures that funds are recommended based on the allocated budget for and availability of funds;
11.11. Initiates the review of the Welfare Fund Policy;
11.12. Issue circulars with guidelines regarding aspects of the policy.

12. CONCLUSION

The Welfare Fund Policy shall be continuously monitored against its purpose and be reviewed as and when the changes in the external and internal environment of the alumni association predicts. The Welfare Fund Policy will become effective for members of the alumni association upon approval by the annual or special general meeting.
POLICY APPROVED/ NOT APPROVED

Chairperson of DeKUTAA

POLICY DONE AND SIGNED AT ............................................. OF THIS .................. DAY OF ..............................................20.......... ON BEHALF OF DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY ALUMNI ASSOCIATION.

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
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<tbody>
<tr>
<td>Chairperson</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Signature</th>
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<tr>
<td>Secretary General</td>
<td></td>
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<tr>
<td>Member Witness</td>
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</table>
DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY ALUMNI ASSOCIATION

CONTRACTUAL BINDING IN RESPECT OF FUND HOLDERS
UNDERTAKING

1. (a) Whereas I, the undersigned, ................................................. (full name) hereinafter called “the Member”, born on. ..........................(ddmmyy) a member of Dedan Kimathí University of Technology Alumni Association Welfare Fund (hereinafter called “the fund”) am accepting a claim of the amount of ....................... (enter amount in digits) hereinafter called “the Amount”).

2. Having lost ............................................................. (name of the loved one herein referred to as “the loved one”) who was my ................................................... (define relationship with the deceased).

3. And whereas the fund will be paid to me via
   [ ] Cash.  OR  [ ] Mobile money _______________ OR [ ] Cheque OR
   as deemed convenient by the Welfare Fund Committee.

2. Therefore I undertake to furnish the fund committee with the satisfactory proof of death and relationship with the deceased.
3. I understand and accept that –
4. the fund committee is under no obligation to award any fund to me even if I have complied with the requirements of the fund,
5. if I decide to terminate my membership with the fund, I shall be liable to repay all the amounts accrued from the fund including any interest amounts that may be determined by the welfare fund committee.
6. I hereby renounce the provisions of the Prescription Act (Act 68 of 1969) and undertake, not to enter a plea of prescription in any action that may be instituted against me in terms of this undertaking.

Signed at ....................... this ............... day of ............ 20……

............................................................                  ………………………
SIGNATURE OF THE MEMBER                          DATE
The contractual agreement indicated herein shall be composed on a project-basis. The project must be able to add value to the fund. This contract must indicate:

1. The maximum budget to be used in facilitating the project.
2. The expected returns from the project.
3. Timeline of the project and its deliverables.
4. The consequences for not meeting the indicated deliverables within the timelines stated.
5. That the fund will not offer any extra resources beyond what is indicated in the contract budget.
6. The full details of the project facilitator including the name of the company, registration number of the company, Kenya Revenue authority PIN and Compliance Certificates and any other document proving legality and liability under laws of Kenya.
7. The project facilitator must offer security for any assets used under this contract.
8. Any other details required as legally binding in any agreement under the laws of Kenya.
Please Print when completing this form. Mark appropriate blocks with an “X” Failure to complete this application form fully and correctly may prejudice the applicant’s chances of making claims.

Submit the completed claims form to the Nearest Alumni Office.

PERSONAL PARTICULARS

FULL NAME:________________________________________________________________________
SURNAME: ___________________________ MEMBER No: _______________
ID NUMBER: ___________________________ DATE OF BIRTH:________________________
MOBILE NUMBER: (____)_________________ Email: ___________________________
NAME OF LOVED ONE (list at the back if more than one):
________________________________________ RELATIONSHIP: ___________________________

Have you previously received this fund award? YES/NO

If yes – which year/month? Indicate all. ___________________________
RECOMMENDATION BY WELFARE FUND COMMITTEE

_____________________________                ________________________
NAME OF CHAIRPERSON                                          SIGNATURE
DATE:  ________________________
APPROVED/NOT APPROVED/VARIED

_____________________________               ________________________
NAME OF CHAIRPERSON                                                   SIGNATURE
DATE:  ________________________

REQUIREMENTS

Please provide the following when making claim for support:

1) A certified copy of an official death certificate or burial permit.
2) A certified copy of the document(s) indicating the type of relationship
   between the member and the fund.
3) Certified copy of identity document(s).
4) Any Other testimonials as may be required by the welfare fund
   committee.

I understand that this application for a claim is not a loan and declare that the
above particulars are complete and correct.

___________________________________
SIGNATURE OF MEMBER                                              DATE 14
# ANNEX D- Fund New Member Form

**DEDAN KIMATHI UNIVERSITY OF TECHNOLOGY**  
**ALUMNI ASSOCIATION**

## NEW MEMBER

Please Print when completing this form. Mark appropriate blocks with an “X” Failure to complete this application form fully and correctly may prejudice the member’s ability to make claims.

Submit the completed form to the Nearest Alumni Office. Attach copy of ID.

### PERSONAL PARTICULARS

| FULL NAME: | | | | | | |
| SURNAME: | | | | | | |
| ID NUMBER: | DATE OF BIRTH: | | | | | | |
| POSTAL ADDRESS: | | | | | | |
| PHYSICAL ADDRESS: | | | | | | |
| MOBILE NUMBER: (_____) | Email: | | | | | | |
| Next of Kin: | Relationship | | | | | | |
| NATIONALITY: Kenyan/ | Marital status: Single/ | | | | | | |
| GENDER: Male/ Female | Married/Divorced/ Widowed | | | | | | |
| DISABILITY: YES/NO | | | | | | |
Have you ever been convicted of a criminal offence, dismissed from school or requested to quit?  **YES/NO**

<table>
<thead>
<tr>
<th>FAMILY MEMBERS</th>
<th>NAME</th>
<th>Date of Birth</th>
<th>ID Number</th>
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<tbody>
<tr>
<td>SPOUSE/PARTNER</td>
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<tr>
<td>NAME OF FATHER</td>
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<td>NAME OF MOTHER</td>
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<td>CHILD 1</td>
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<td>CHILD 2</td>
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<td>SIBLING 1</td>
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<td>SIBLING 2</td>
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**DECLARATION (Mark with ‘X’)**

[ ] I declare that I shall deposit the amount of KES___________ in words ____________________________________________________________________________ to my account with the fund on a monthly basis on or before the ______(dd) of the month OR annually on or before the ______(dd) of the month of ___________.

[ ] I authorise the welfare fund committee to communicate with me at any time in relation to the fund.

[ ] I declare that the above particulars are complete and correct.

By signing this form, I request you to open an account with my name(s) provided. I agree that this account shall be operated solely by the welfare fund and hereby indemnify the fund at my cost any costs incurred or claims arising from the account.

__________________________
SIGNATURE OF NEW MEMBER

__________________________
DATE

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