

Embassy of the United States of America

Attn: Special Self-Help Coordinator
Corner of United Nations and Independence
PO Box 31617, Lusaka, Zambia
Phone: 250955, Fax: 252225

U. S. Ambassador’s Special Self Help Program

THIS APPLICATION IS AVAILABLE FREE OF CHARGE

PROJECT APPLICATION FORM

The U.S. Self Help Program assists non-profit, non-governmental organizations in order to conduct small-scale projects (up to 12 months in duration) in community development or income generation, health, education or other areas. The activities must reflect a community need – not the needs or desires of one person or family. Local residents should be directly affected and benefit from these projects. If your organization has a project that meets the Program’s objectives, please complete this form and return it to the Coordinator’s office. **THE REVIEW COMMITTEE WILL CONSIDER ONLY THOSE APPLICATIONS THAT ARE COMPLETE AND MEET THE PROGRAM’S GUIDELINES.** Please consider that our current preference is to give priority to proposals that benefit a large number of people and do not exceed the \$25,000 Program limit (most projects range from \$6,000 to \$15,000). Applications are due by August 31. Thank you.

Read the attached guidelines before filling in this application.

When completing this form, only use the space provided below. Do not put this application into a presentation binder or spiral, etc.

You may write on the backs of these pages.

Do not attach additional pages unless specifically requested.

NOT FOLLOWING DIRECTIONS MAY RESULT IN YOUR APPLICATION BEING DECLINED.

1. Organization Name:
Description of your organization (Who are the members? What are the goals? If this is a school project, you must indicate if it is a community, basic, middle, high school, etc.):
.....
.....
.....
.....

Geographical area (**District and Province**):

2. Contact Information: This person would serve as the Project Manager, responsible for obtaining invoices, receipts, materials, receiving funding, coordinating the work, and seeing that the project is completed on time.

Name (First, Last) Telephone:

Post Address-PO Box, P/Bag, Plot, City/Town: Fax number:

..... Email:.....

6. Is there adequate land, space, or a building to house your project? Yes.... No.....
*Please note we cannot rehabilitate or renovate an existing structure.

Do you own, or have user rights to the land/building? (Attach Documentation) Yes.... No.....
If no, how will you obtain these rights?
.....
.....

7. If funds for machines (i.e. mill, oil press, etc.) are requested, who will maintain the equipment? What are their qualifications?
.....
.....

8. Is electricity necessary to your project? Yes.... No.....
How far is it from project site? How will it be paid for?.....
.....
.....

9. Is water necessary to your project (required for schools, clinics, animals, etc.)? Yes.... No.....
What is the source (tap, borehole)? Is it consumable? How far is it from project site? How will it be accessed? If a cost is involved, how will it be paid for?.....
.....
.....

10. Toilets are required for schools and clinics. How will they be provided?
.....
.....

11. Are there any environmental issues related to your project such as run-off, clearing or conversion of land, etc? Yes.... No.....
What is the issue? Have you received consultation regarding the issue? Please explain.....
.....
.....

12. Clinic Requirements Please **attach** official documentation as follows: 1.)Acknowledgement from the Ministry of Health or Provincial Health Officer and/or 2.)Statement that a NGO or other organization may provide appropriate staff.

13. Community Schools Requirement: ZCSS registration is required for all community schools. Please **attach** a copy of the registration.

14. Viability of Income Generating Projects (Please continue to the next section if not applicable):

How many items will you produce on a monthly basis?

Where will you sell your product? Who Will buy it?

What are the running costs associated with your product?

What will be the net income generated, less your running costs?

How much of the profit will go to the participants, be reinvested into the project, be invested into other income generating projects?

15. Community contribution is required. What contribution will the community make to this project?

Labor: Yes.....No..... Describe.....

Equipment: Yes.....No..... Describe:.....

Materials: Yes.....No..... Describe:.....

Money: Yes.....No..... If yes, how much?

Has the project already received or do you expect to receive contributions (of labor, materials, or funds) from other sources? Have you applied for assistance elsewhere? Yes..... No.....
If yes, please explain:

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

16. FINANCES:

Amount requested from the U.S. Embassy's Self Help Program:

ZK

What is the TOTAL estimated cost of the project, Including contributions from other sources:

ZK

Note: The following items cannot be charged to this Program.

The U.S. Embassy will not provide funding for purchases in any of these categories:

- Salaries, rent, or administrative costs other than operating costs related to the project.
- Pesticides, seeds or animal feed
- Vehicles or any form of transportation, i.e. bicycles
- Petrol or diesel fuel
- Office equipment
- Personal transportation
- Land or buildings - Should your project require them, the group must own or have user rights by August 31 to be considered.

What is your budget? (Be very specific). Provide an itemized budget giving costs for completing your project. Please include the quantities and costs in ZK of each item needed. List detailed contributions to be made by the community/organization separately. If needed, please use the back of this page. **Do not attach proformas or additional pages.**

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

17. Where is the project located? A detailed drawing or a map with landmarks is required and should be drawn on the back of this page. Be sure to note below the kilometers from the nearest large town to the site (*Example: '125Km east of Lusaka on the main road'*) and be very specific.

18. Has your organization ever received any funding from the United States Government? Yes..... No.....

If yes, please give some details: What year? For what purpose?

.....
.....

19. **References:** Please provide 3 references from people you have worked with in the past and/or references for your organization. All references must validate the project, the organization and confirm your ability to organize and manage it. Be sure to include the reference's name, address and telephone number (acceptable: a letter from a Chief, Headman, City Council, etc.) and **attach** to this application.

Before submitting your application, please take the time to look it over to ensure that you have filled out the form completely. IF THIS FORM IS INCOMPLETE OR ALL OF THE QUESTIONS HAVE NOT BEEN ANSWERED, THE APPLICATION WILL NOT BE FORWARDED TO THE REVIEW COMMITTEE AND YOUR PROJECT WILL BE REJECTED.

Also, note that due to the large number of applications received during the year, it is not always possible to respond to your application immediately. You will be contacted using the means (post, telephone, etc.) you have provided on this application if we require additional information to process your project proposal.

Also, be aware that we are unable to return any applications submitted to this office. Thus, once an application has been submitted, we cannot give it back to you. We suggest you make a copy of your completed application should you need it in the future.

Thank you.

Project Manager/Person in Charge/Contact Person:

Signature:

Please print his/her name:

Date: