



**THE U.S. AMBASSADOR'S
SPECIAL SELF-HELP SMALL GRANTS PROGRAM**

APPLICATION FORM

Complete the entire application form and submit all supporting documents.

INSTRUCTIONS

1. Type or print all entries in BLOCK or CAPITAL letters with black/blue pen. Do not use pencil.
2. Answer all questions. If a question does not apply, please write N/A. Do not leave blank.
3. Must include an email address.
4. Submit all supporting documents along with completed application.

For Office Use Only

Name of person completing this form (printed)

Received on:	Response sent:
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Signature of person completing this form

Date

A. PROJECT SUMMARY

Date of application _____

1. **Name of project:** _____

2. **Project location:** City/Town _____ Constituency _____ Region _____

3. **How much money are you requesting from the Self-Help Grants Program?**

N\$ _____

4. **Project supervisor information** (This person will be responsible for signing the grant agreement and ensuring successful completion of the project):

Name: _____ Position Title: _____

Postal/ mailing address: _____

Cell phone: _____ Landline telephone: _____

Fax number: _____ Email address: _____

9. **Sponsor:** Is another organization providing money or resources to the project? **Y/N**

If yes, what is the sponsoring organization's name? _____

City/Town _____ Constituency _____ Region _____

10. **Has your project received an Ambassador's Self-Help grant or PEPFAR grant before?** **Y/N**

If yes: Date of award _____ Award amount (specify US\$ or N\$) _____

For what purpose _____

11. **Does the project already exist?** **Y/N**

a. **If yes**, when did it begin (month and year): _____

b. **If no**, what work has already been done to prepare for the project (e.g., headman has given the land, and the field has been prepared for planting)? _____

12. **Have you applied anywhere else for funding for this project?** **Y/N**

If yes: Organization/donor(s) name: _____

Postal address: _____

Office phone: _____ Cell phone: _____

Email address: _____

C. **BENEFICIARIES**

13. **Beneficiaries:** Who will directly benefit from your project? Please enter **numbers** in all appropriate boxes below.

	Total Beneficiaries	Under 18 yrs old	Over 18 yrs old	People living with HIV/AIDS	Orphans or vulnerable children	Disabled persons	Disadvantaged ethnic group (specify group)	Other groups (please specify)
Male								
Female								
TOTAL								

D. **PROJECT DETAILS**

14. **Infrastructure requirements:** Please check (✓) the items you need to successfully complete your project. If you check an item, answer the below question(s):

Land _____ Building _____ Electricity _____ Water _____

Land/building: Do you own, or have rights to use, the above land/building? **Y/N**

If yes, please attach documentary proof; if no, how will you obtain these rights?

Electricity: How far is the electricity outlet from the project site? _____

Who will pay for the electricity? _____

Water: What is the source (tap, borehole)? _____

How far is it from project site? _____ Is it drinkable? **Y/N**

How will it be brought to the site? _____

Who will pay for the water? _____

15. Project maintenance: Who from the project or your community will maintain/fix any equipment you purchase on this grant?

Name: _____

Maintenance qualifications: _____

16. Resources: Please complete the below table, describing what financial assistance your project needs and what your community will contribute or has contributed to your project. Applicants are required to submit quotations from vendors or suppliers whose combined costs equal the amount of requested funds.

Description	Self-Help Funds			Community Contribution		
	Quantity	Price per item	Total amount	Quantity	Price per item	Total amount
<i>Materials/Services (Including labor)</i>						
TOTAL:						

17. Written recommendations. Applicants are strongly encouraged to submit letters of support for the proposed project from local government officials, traditional leaders, non-governmental organizations (NGOs), community partners/stakeholders, or churches.

18. Income-generating activities: If you have a business plan, explain how you will continue to grow the project after the grant ends, please attach it to your application.

Where will you sell your product(s)? _____

How will people know about your product(s)? _____

Who will buy them? _____

E. PROJECT ADMINISTRATION REQUIREMENTS:

- Grantees must keep all documentation for at least three years and make them available for inspection.
- Grantees must allow U.S. Embassy representatives to observe and evaluate project progress.
- Grants are one-time only; if the project falls short, funds must be found elsewhere.
- A Progress Report and a Final Report are required during the implementation period.
- Only original receipts will be accepted by the Embassy for funds spent. Funds will be given in two parts, and *only after* the Grantee has met reporting and accounting requirements.

F. CHECKLIST: (please be sure to include ALL of the following items in your application)

- ___ Completed application form
- ___ Written quotations from vendors/shops to support budget request
- ___ Map from nearest town to project site (please include estimated travel time)
- ___ Building plans, if applicable
- ___ Proof of land/building ownership or user rights, if applicable
- ___ Letters of support are encouraged but not required

Remember to make copies of all submitted documents for your record.

Incomplete applications will not be accepted.

The U.S. Embassy will not return submitted documents. Applicants who do not receive any feedback from the Self-Help Office within three months of the deadline should consider their applications unsuccessful.

Important: For projects to be considered for funding, applicants must complete the ENTIRE application form and submit ALL required documents **by post, fax, OR email**. Please submit your application **only once** by email or through mail.

U.S. Embassy – Windhoek, Namibia
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Ausspannplatz, Windhoek
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