Application Form for Ambassador's Special Self Help Fund

If you need more space to answer any question in this application, you may attach additional sheets of paper.

Date:
_____

Project Title:
_____

Name of Organization in charge of project:
_____

Address:
_____

Date and Type of Registration of the Organization:
_____
(Please include a copy of the registration certificate.)

Location of Project (Please include a map of area):_____

_____

Name of Project Supervisor:
_____

Address:
_____

Telephone Numbers Tel: _____Cell:
_____

Fax:
_____

PROJECT DESCRIPTION

a) Give a brief description of the project for which you are requesting funds. Please give specific details of what you want to have funded. (If you need more space, attach another sheet of paper and title it, 'Project Description Continued')

_____

_____

_____

_____

_____

_____

_____

_____

_____

b) Number of people who will benefit from the project, and how the project will benefit the local community?

_____

_____

_____

_____

_____

c) Will your group require any training to carry out the project? If you need training, what are your plans to get this training for your organization?

_____

_____

_____

_____

_____

d) What specific goals are you planning to achieve with this project?

_____

_____

_____

_____

_____

_____

_____

_____

_____

PROJECT MANAGEMENT

a) What will the group contribute to this project (labor, funds, skills, etc.)?

_____

_____

_____

b) What arrangements are being made to ensure that the project will be self-sufficient after the end of the Self Help Funding?

_____

_____

_____

PROJECT FINANCES AND FUNDING

a) On the Budget Sheet below please provide a detailed budget of the items that are to be paid for by the Self Help Fund. Include the quantity and cost of all items that are to be paid for by the Self Help Fund. Please ensure that original pro forma quotations from the intended suppliers support these costs. Note: We cannot accept faxed quotations.

b) TOTAL Cost of this project: BWP_____

c) Details of funding:

1. Amount of Funds Requesting from Self Help: BWP_____

2. Amount of Funds Your Own Group is Contributing: BWP_____

3. Any Contributions Toward this Project from the Government of Botswana?
BWP_____

4. Contributions Toward this Project from other donors. (Please name the other donors.) BWP_____
BWP_____

TOTAL Cost of this Project: BWP_____
(Total 1, 2, 3, 4, should agree with "b" above)

DETAILED BUDGET SHEET FOR PROJECT

This should cover what you are requesting funding for through the Self Help Fund.

Description of item	**Unit Price**	**Quantity**	**Total**
Overall Total (This should match the total amount requested from Self Help Fund.)			

NOTE: Original quotes from vendors must be attached for items listed above in the budget.

d) Continuing cost (How much will it cost per year to maintain, operate and repair the items you are requesting):_____

_____

_____

_____

e) Continuing funding (Explain how you will obtain the funds to meet the continuing costs of this project):_____

_____

_____

_____

Signature of Project Supervisor:
_____

Date:
_____

We require the approval of the local development committee, tribal authority, local town or district council before submitting the application to the U.S. Embassy.

District or Local Authority: (Need name, signature and stamp of approving authority)

Name:
_____Signature:_____
Date:
_____

Stamp of authority:
(This is required. Please stamp in shaded area below.)

Final Checklist Before Submission of Proposal

Please assure all the following are included in the proposal. Without these items, your proposal will not be complete and we will be unable to consider it for funding.

_____Please attach copy of registration certificate of organization.
All applicants must be registered "self-help", not-for-profit groups, associations, or community organizations. The organization must be operating for at least one year (Applications cannot be accepted from individuals or private businesses.)

_____ Approval of proposed project from the local development committee, tribal authority or local town and/or district council. Stamp of authority must be on application.

_____ Original pro-forma invoices (quotes) from vendors must be attached. We cannot accept photocopies or facsimiles.

Once your application is complete, please mail it as follows:

U.S. Embassy
Self Help Office
P.O. Box 90
Gaborone