



Embassy of the United States of America
Gaborone, Botswana

Application Form for Ambassador's Special Self-Help (SSH) Fund

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

Date:
Name of Project:
Name of organization:
Office phone number:
Fax number:
Organization e-mail:
Organization web-site:
Mailing address of organization:
Physical address of organization:
Name of person completing this application:
Date and Type of Registration of the Organization: <i>(Please include a copy of the registration certificate)</i>
<u>Project Manager</u> The project manager should be a resident of the local community during the implementation of the project. However, a non-resident project manager who has been approved by the applying organization and/or community is acceptable. This person should be present daily to supervise the project's implementation and should have the authority in the community to guarantee the completion of the project.
Name of proposed project manager:
Phone number of project manager:

Mailing address of project manager:

Project Description:

Describe the project which you are proposing and how it will address problem:

Have you already begun the project on a local basis?

How many people are in the group?

(Please attach a list of all members: name, position, phone number)

Total Number of Direct Beneficiaries:

(Should equal the total number indicated below in the Grant Classification box under Direct Beneficiaries):

Grant Classification:

Please check the boxes that best fit the project.

Marginalized Population (at least 50% of beneficiaries, check up to three)

- Women* *Physical Disability* *Youth (under 30 years of age)* *Remote Location*
 Conflict Area *Ethnic, Religious, Political* *Elderly*

Direct Beneficiaries

Number of Full-Time Employees	Male		Female		Total	
Number of Part-Time Employees	Male		Female		Total	
Number of Members, Farmers, and /or Suppliers of Raw Materials	Male		Female		Total	

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?

Schedule of activities:

List the major steps necessary to carry out the project. Be sure to indicate who is responsible for each segment of the project.

	Activity	Time required	Responsible person
Examples	<ul style="list-style-type: none"> - Building a security wall - Organizing for a workshop - Enquiring permits, licenses, approvals, etc. 	3 – 4 Months 5 Weeks 2 – 3 Weeks	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			

14.			
15.			
16.			
17.			
18.			

Project finances and funding:

Will the project generate income for the group?

Yes

No

What will the group do with the money from the project?

If the project will not make money for the group, how do you plan to maintain the project?

Budget

On the following pages you must submit a budget for your project. It should include everything you will need to complete the project. The budget should also include a substantial contribution from the group which is applying. If an item is not listed on this budget, it will not be paid for by the grant.

Notice: The budget list is divided in to 3 parts: Community, other sources and U.S. Embassy contribution.

Budget-Local community contribution*Materials, supplies, and equipment:*

Description	Quantity	Unit price	Total BWP
1.			
2.			
3.			
4.			
5.			
Total value of materials, supplies, and equipment:			

Unskilled labor:

Description	Number of people	Number of days	Cost per day	Total cost BWP
1.				
2.				
3.				
4.				
5.				
6.				
Total value of unskilled labor:				

Skilled labor (mason, carpenter, well digger, ect.):

Description	Cost for the job BWP
1.	
2.	
3.	
4.	
5.	
Total value of skilled labor:	
Total value of contribution from applying organization:	

Budget-Other sources*Contributions collected from other donors towards this project:*

Source	Description	Total BWP
1.		
2.		
3.		
Total value of contributions from other sources:		

Budget-American Embassy (SSH) contribution

Transportation:

From Where	To where	Number of trips	Cost per trip	Total cost BWP
1.				
2.				
3.				
4.				
5.				
Total value of transportation:				

Materials, supplies, and equipment to be funded by the American Embassy

Description	Quantity	Unit price	Total BWP
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
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17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Total value of materials, supplies, and equipment:			
Total value of contribution from SSH program:			

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

Signature of Project Applicant:	
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: <i>(Need name, signature and stamp of approving authority)</i>	
Printed Name:	Date:
Signature:	

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

