



Ambassador's Special Self-Help Program Application for Assistance 2010-2011

Deadline: September 30, 2011

Please complete and attach all requested items and return to:

Ambassador's Self-Help Fund Coordinator
Embassy of the United States of America
P.O. Box 98
Mamba Point, Monrovia

Please contact us at #077-958-072 if you have any questions or need additional information.

BACKGROUND INFORMATION:

1. Name of organization _____

Address: _____

Contact Person: _____ Phone number: _____

2. Organization

Background: _____

Objectives: _____

Membership: _____

3. Type of project for which you are seeking U S Embassy assistance: Income Generation / Health / Education

4. Location of Project

Town: _____

District: _____

County: _____

5. Has organization applied for Self-Help funding from the U.S. Embassy before? Yes / No
If yes, please provide the following:

Name of the project: _____

Year applied: _____ Was the project funded? _____

6. Has or will organization receive financial aid from other Embassies on the same project for which you are requesting U. S financial assistance? Y / N

If yes, which Embassy? _____

7. Approximate number of beneficiaries including the following:

Indirect: _____ Direct: _____ Women: _____ Men: _____

Male Children: _____ Female Children: _____

People with Disabilities: _____ Orphans: _____

Any additional special populations (please describe): _____

8. Describe past and current development projects in your community:

PROJECT DESCRIPTION:

9. Exact and detailed description of the project. Include type of project, specification of the size and structure, for example: zinc, size of structure, cement. What exactly will funds be used for? Include sketches or drawing of any buildings. These do not need to be formal blueprints.

10. Please list all items to be purchased with the assistance given. You must provide pro forma invoices for all items listed. Make sure the amount requested equals the total cost on the pro forma invoices.

Size or Model	Unit of Sale	Unit Price (USD)	Quantity	Total Price
Example: Steel rod ½" Cement	Each	10	30	300
TOTAL AMOUNT REQUESTED:			USD	\$

11. What is or will be the organization’s contribution? (Example: land obtained, walls built to window level, volunteers recruited, revenues raised.) Please indicate dollar value of contribution in USD \$.

12. When did work on the project begin, or when will it begin? _____

13. Give approximate time schedule for completion. Explain how much work needs to be done for each part of the project and how long it will take. _____

14. Give details of contribution to be made by the community: (For example: 30 bags of cement, volunteer laborers, etc.) Please indicate dollar value of contribution in USD \$. _____

15. Who will be the project leader and the person responsible for ensuring completion of the project? What are his/her qualifications for the project? _____

16. When completed, will the project need any professional or technically trained people to operate it? Y /N
If yes, please list them and how you will arrange to employ them:

PROJECT ADMINISTRATION:

All applicants must be able to meet the following requirements:

- 17. Keep records for at least three years and make them available for inspection.
- 18. Permit representatives of the American Embassy to observe and evaluate all stages of the progress of the project including before, during, and additional follow-up.
- 19. Understand that any American Embassy contribution to the project will be one-time only, and if the project falls short of the funds additional money must be raised from other sources.
- 20. Be responsible for transportation of goods to the projects site.
- 21. Submit original receipts for all funds received to the Embassy.
- 22. Describe below the role, if any, that the Liberian Government will play in this project:

ATTACHMENTS:

- 23. Please attach a letter of support on your project from your town chief, county leadership, zonal or regional bureau in your area.
- 24. If applicable, please attach certificate of registration from Ministry of Foreign Affairs. If you haven't obtained one please state why.
- 25. If this application is for assistance with the construction of a school building or health clinic, please attach letter of support by the District Education or Health Officer responsible.

Print Name of Person Completing Form: _____

Signature: _____

Date: _____

Note: Only Short listed Applicants Will Be Notified.