

**The Embassy of the United States of America 4th Floor, Rogers House, Port Louis AMBASSADOR'S
SPECIAL SELF HELP PROGRAM 2015-16 PROJECT APPLICATION**

Projects should: (a) improve basic economic and social conditions at the grassroots level; (b) support high-impact, quick-implementation activities that benefit a large number of people; (c) involve a significant local contribution in cash, labor, or material, and be within the ability of the local community to operate and maintain; (d) be welcomed and supported by the local community; and whenever possible, contribute to income-generating or self-sustainable activities. If your organization wishes to apply for funds to complete a project that meets these qualifications, please submit the completed form and all supporting documents (pro-forma invoices) to the Embassy. Please type your answers and feel free to attach any additional information/literature you have about your organization and/or project. Preference will be given to proposals for projects rather than proposals that benefit or equip the NGOs themselves. **Email these pages to portlouisselfhelp@state.gov** or drop off in person at the following address: U.S. Embassy | 4th Floor, Rogers House, John Kennedy St, Port Louis | Mauritius.

Organization Name: _____

Year Established: _____ Number of Members: _____

Address: _____ Phone Number: _____

Contact Person: (Mr./Mrs./Dr.) _____

Has this organization received previous Self Help grants? (circle one) Yes No Year(s): _____

Description of the Project (objectives, scope, permits required). Applicants may use additional sheets if necessary (limit 3): _____

Beneficiaries of the Project (who are they, how many, how will this project contribute to their development and self-sufficiency): _____

Amount Requested (see next page): _____ MRs/SRs

Value of your organization's contribution (see next page): _____ MRs/SRs

Project Start Date: _____ Completion Date: _____

Other projects/activities undertaken by your organization: _____

Financial Information In each case, please list the exact items to be supplied by each contributor. You should include the quantity and estimated cost for each item. If possible attach pro-forma invoices from proposed suppliers. Where appropriate, the Embassy will give preference to applications which use U.S.-made articles. Cost estimates should not include Customs duties or other taxes, as Self Help purchases are exempt from these. Please use additional sheets as necessary to provide detailed information.

Details and amount of U.S. contribution:

Total requested: _____ MRs _____ SRs

Details and amount of your organization’s contribution:

Total organizational contribution: _____ MRs _____ SRs

Details and amounts of other donor(s) contribution(s):

Total third-party contributions: _____ MRs _____ SRs

_____ Signature Date

Please fill out Budget Table Below in your currency: MUR or SR (The first two items are just examples)

ITEMS YOU NEED FROM SELF HELP

ITEM	AMOUNT	RATIONALE/PURPOSE
<i>Example: Consultant</i>	<i>1000 RS x 6 hrs =6000RS</i>	<i>Training for group for 2-day seminar (3hrs per day)</i>
<i>Example: Projector</i>	<i>10,000 RS (see proforma invoice attached)</i>	<i>Will be used as a training tool and visual aid for our organization.</i>

ITEMS YOU ARE PROVIDING YOURSELF OR THROUGH OTHER FUNDING SPONSORS

ITEM	AMOUNT	RATIONALE
<i>Example: Conference Room</i>	<i>2000 RS for 2 days =4000 RS</i>	<i>Sponsored by local business</i>