



U.S. Embassy

PEPFAR Community Development Grants Program APPLICATION FORM

U.S. Embassy – Windhoek, Namibia
ATTN: Community Development Grants Program
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Ausspannplatz, Windhoek
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Email: whkselfhelp@state.gov
Website: http://windhoek.usembassy.gov/self_help.html

*For projects to be considered for funding, applicants must complete the entire application form and submit all requested documents **by post, fax, or email**. Incomplete applications will not be reviewed.*

For Office Use Only

Name of person completing this form (printed)

Received on:	Response sent:

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 Community Development 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: _____ Title: _____

Postal/mailling address: _____

Cell phone: _____ Landline telephone: _____

Fax number: _____ Email address: _____

Secondary Point of Contact:

Name: _____ Title: _____

Postal/mailling address: _____

Mobile telephone: _____ Landline telephone: _____

Fax number: _____ Email address: _____

5. **Proposed activities:** Please describe what exactly you would do with the funding (for example, “create a kids club supporting OVCs and skills training lab for OVCs”):

6. **Community participation:** How is the local community involved in your project? What support are local individuals and/or groups giving the project?

7. **Community benefit:** Projects should benefit the community or a disadvantaged group, and not only the individuals working under the project. Please describe how your project will help the community.

B. PROJECT MANAGEMENT HISTORY

8. **What experience, if any, does the project supervisor or implementing organization have leading community development projects?**

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 a PEPFAR grant or an Ambassador's Self-Help 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. (If your project addresses HIV/AIDS, please complete Section F 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
Materials/Services (including Labor)						
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)? _____

