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**UNITED STATES OF AMERICA**



## **U.S. Embassy**

**Self-Help Small Grants Program  
APPLICATION FORM**

**U.S. Embassy – Windhoek, Namibia**

**ATTN: Ambassador's Self-Help Grants Program**

Private Bag 12029/#14 Lossen Street

Ausspannplatz, Windhoek

Telephone: 061-295-8635/8611 Fax: 061-295-8603

Email: [whkselfhelp@state.gov](mailto:whkselfhelp@state.gov)

Website: [http://windhoek.usembassy.gov/self\\_help.html](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:
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\_\_\_\_\_  
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, "install a borehole and buy irrigation equipment for a vegetable garden"):

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

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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.

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**B. PROJECT MANAGEMENT HISTORY**

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

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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 an Ambassador's Self-Help grant or PEPFAR 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								
<b>TOTAL</b>								

**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
<b>Materials</b>						
<b>Services (including Labor)</b>						
<b>TOTAL:</b>						

**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)? \_\_\_\_\_

How will people know about your product(s)? \_\_\_\_\_

