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**UNITED STATES OF AMERICA**



**U.S. Embassy – Windhoek, Namibia**

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*Self-Help Office Hours: 08h00-17h00 Mondays through Thursdays & 08h00-12h00 Fridays*

**APPLICATION FOR ASSISTANCE**

*To be considered for funding, projects must complete the entire application form and submit all requested documents **by post, fax, or email**. Applications that do not meet this requirement will not be reviewed.*

**REMEMBER TO MAKE COPIES OF ALL SUBMITTED DOCUMENTS.  
THE EMBASSY WILL NOT RETURN SUBMITTED DOCUMENTS.**



***For Office Use Only***

\_\_\_\_\_  
Name of person completing this form (printed)

Received on:	Response sent:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
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 Self-Help 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: \_\_\_\_\_

Mobile telephone: \_\_\_\_\_ 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 you?

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7. **Community benefit:** Self-Help projects benefit the community or a disadvantaged group, and not just the individuals working under the project. Please describe how your project will help people in the community (*See Question 13 for a list of possible beneficiaries*).

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**B. Project Management History**

8. **What experience, if any, does the Project Supervisor have leading community development projects?** \_\_\_\_\_

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9. **Sponsor:** Is another organization providing money or resources to the project? **Y/N**

Sponsor organization's name: \_\_\_\_\_

City/Town \_\_\_\_\_ Constituency \_\_\_\_\_ Region \_\_\_\_\_

Sponsor organization founded on (date): \_\_\_\_\_ Number of members: \_\_\_\_\_

*If the organization is registered, attach proof of registration (do not attach constitution).*

10. **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)?

11. **Have you or your organization received a Self-Help grant before?** **Y/N**

Date of award \_\_\_\_\_ Award amount (specify US\$ or N\$) \_\_\_\_\_

For what purpose \_\_\_\_\_

12. **Where else have you applied elsewhere for project funding?**

Organization/donor(s) name: \_\_\_\_\_

Postal address: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address \_\_\_\_\_

**C. Project 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.)*

	Under 18 yrs old	Over 18 yrs old	People living with HIV/AIDS	Orphans or vulnerable children	Disabled	Disadvantaged ethnic group <i>(specify group)</i>	Other groups <i>(please specify)</i>
Male							
Female							

**D. Project Details**

14. **Resources:** Please complete the following table, describing what must be provided.

*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>						

**15. Infrastructure requirements:** Please check ( ✓ ) next to 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? \_\_\_\_\_

**16. Environment:** Does your project have concerns (run-off, land clearing, etc.)? **Y/N**

If yes, what issue? \_\_\_\_\_

Have the Namibian Government or an NGO consulted with you on this issue? **Y/N**

If yes, please explain the possible solutions: \_\_\_\_\_

**17. Project maintenance:** Who from the project or your community will maintain any equipment you purchase on this grant? Name: \_\_\_\_\_

Maintenance qualifications: \_\_\_\_\_

Are there any fees? **Y/N** If yes, who will pay these costs? \_\_\_\_\_

**18. Written recommendations.** Applicants are 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.

**E. Income-Generating Projects** *(If not applicable, please continue to Section G)*

**19. Viability:**

Where will you sell your product(s)? \_\_\_\_\_

Who will buy them? \_\_\_\_\_

How much does each product cost to produce (include running costs: electricity, transportation, salaries, etc.)? N\$ \_\_\_\_\_

How much will you sell each item for? N\$ \_\_\_\_\_

What will you do with the profit/income (total sales minus total costs of production)?  
\_\_\_\_\_

**F. HIV/AIDS Projects** *(If not applicable, please continue to Section G)*

**20.** How does your project contribute to the fights against HIV/AIDS, or provide support to people living with HIV/AIDS (PLWA) and orphans and vulnerable children (OVC)?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Project Administration Requirements:** All applicants must:

- Keep all documentation for at least three years and make them available for inspection.
- Allow U.S. Embassy representatives to observe and evaluate the project's progress.
- Grants are one-time only; if the project falls short, funds must be found elsewhere.
- A Progress Report and a Final Report are required during the implementation period.
- Only original receipts will be accepted by the Embassy for funds spent. Funds will be given in two parts, *only after* Grantee has met reporting and accounting requirements.

**H. Checklist:** *(please be sure to include all of the following items in your application)*

- \_\_\_\_ Completed application form
- \_\_\_\_ Bank account details (applicants must have a bank account)
- \_\_\_\_ Written quotations from vendors/shops to support budget request
- \_\_\_\_ Map from nearest town to project site (please include estimated travel time)
- \_\_\_\_ Building plans, if applicable
- \_\_\_\_ Proof of land/building ownership or user rights

***Letters of support are encouraged but not required.***