



*Embassy of the United States of America
Dakar, Senegal*

Application Form for Ambassador's Special Self-Help (SSH) Fund

Should you need more space to answer any question in this application, you may attach additional sheets of paper.

Date:	
Name of Project:	
Name of organization:	
Phone Number:	Fax Number:
Organization e-mail:	Organization web-site:
Mailing address of organization/project location:	
Distance from Dakar to the area (village/city) where the project will be implemented : <i>Which roads (and what distances) should be taken (when traveling from Dakar) to arrive at the village/city</i> Please provide as much information as possible to help us find the project location <i>(If possible Please Provide a map on an additional page):</i>	
Type of Organization: (Association, PT Association, Women Group, Economic Interest Group etc...)	
Date of creation:	

Amount Requested from US Embassy:	Local contribution amount:
Name of person completing this application:	
Date and Type of Registration of the Organization: <i>(Please include a copy of the registration certificate)</i>	
Project Manager: The project manager should be a resident of the local community during the implementation of the project. However, a non-resident project manager who has been approved by the applying organization and/or community is acceptable. This person should be present daily to supervise the project's implementation and should have the authority in the community to guarantee the completion of the project.	
Name of proposed project manager:	
Phone number of project manager:	Mailing address of project manager:
<u>About the Organization :</u>	
Historical background and Description:	

Describe which activities were carried out and what are outcomes:

Does your organization have a bank account? If yes please provide us with the information about your bank account:

What amount is available in your account?

How much does each member contribute?

Project Description:

Describe the project and what it aims to accomplish:

(If needed please use additional sheets to describe your project)

How many people are in the organization?*(Please attach a list of all members: name, positions, phone numbers if available)*

Men: ...

Women: ...

Number of people who will be benefiting from this project:**Project Categories:***Please check the boxes that best fit your project.***Select the category that your project closely relates to:**

- | | | | |
|---|---------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Income Generating Revenues | <input type="checkbox"/> Health | <input type="checkbox"/> Education | <input type="checkbox"/> Agriculture |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Energy | <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Other |

Will your organization require any training to carry out the project? If yes how will the training be funded and organized?

Project finances and funding:

Will the project generate income for the organization?

Yes

No

How will the organization use the income generated by the project?

If the project will not make money for the organization, how will the project be maintained?

Budget: On the following pages you must submit a budget for your project. It should include everything you will need to complete the project.

The budget should also include a substantial contribution from the organization which is applying.

If an item is not listed on this budget, it will not be paid for by the grant.

Notice: The budget list is divided in to 2 parts: Community and U.S. Embassy contribution.

Budget:

Materials, supplies, and equipment:

	Description of Items	Unit Price	Quantity	Total FCFA	Local Contribution in FCFA	Self-Help Contribution in FCFA
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
Total value of contribution from SSH program:						

NOTE: Original quotes from vendors must be attached for items listed above in the budget.

Signature of Project Applicant:	
Date:	
We require the approval of the local development committee, tribal authority, local town or district council before submitting the application to the U.S. Embassy.	
District or Local Authority: <i>(Need name, signature and stamp of approving authority)</i>	
Printed Name:	Date:
Signature:	

Stamp of authority:
(This is required. Please stamp in shaded area below.)

