

APPLICATION FOR HAP PROJECT FUNDING

This questionnaire must be completely filled out and submitted with the other constituent documents of the application. You should provide precise and accurate answers. Every section must be filled out even if it is not applicable to the project.

Before filling out this form, please be sure to read all the relevant information on the HAP Program so that you understand its requirements and limitations. Please also be sure to provide an explanation to all participants of the project.

ANY REQUEST FOR MORE THAN \$500 000 WILL NOT BE CONSIDERED.

1. Location of the project: _____ Prefecture: _____

2. Project title: _____

3. Name of the organization: _____

4. Describe your group or community: (How are you organized? How long has the group existed? How many members? How often do you meet?) _____

5. Amount requested from the Embassy: (less than \$500,000) _____

6. Number of beneficiaries: _____

7. Beneficiaries' contribution in labor and materials: _____

8. Beneficiaries' cash contribution: (in F CFA) _____

9. Give a short explanation about how the community or organization intends to meet its cash and labor contribution: _____

10. Distance in km from Lomé and from the nearest town (**please draw a map to the location**):

Lomé - locality (in km): _____ Nearest town: _____ Km: _____

11. Short description of the project: _____

12. Time required to complete project: _____

13. Short justification of the project: _____

14. What is the direct impact on the organization and/or population: _____

15. Name of the person responsible for the project: _____

Profession: _____ Address: B.P.: _____ Tel: _____

16. Name of the technical assistant (if applicable) _____

Profession _____ Address: B.P.: _____ Tel: _____

17. Have you requested assistance from other donors for this project? _____ If yes, who? _____

What, if any, assistance are they providing? _____

18. Are there any ongoing community project(s) in the village? _____ If yes, what? _____

19. Have the community/organization ever previously undertaken a project like this? _____

If yes, what? (project, date, donors, your contribution): _____

20. Has your town or village already benefited from any assistance from the US Embassy? _____

If yes, what kind of assistance (project, date, current status of the project)? _____

21. Who has initiated this project for which you are seeking assistance? _____

22. How was the project conceived and developed? _____

23. Will the project generate income? If yes, how much income? How will it be used? Who will control this revenue? _____

Full name: _____ Profession: _____ Tel: _____

24. Are the local authorities or the supervising organization aware of the project? _____

25. Give names and titles of persons to be contacted during a site visit:

Name: _____ Profession: _____ Tel: _____

Name: _____ Profession: _____ Tel: _____

Name: _____ Profession: _____ Tel: _____

26. Person who is filling out this questionnaire: Full name: _____

Title: _____ B.P.: _____ Tel (important): _____

I certify that the information herein mentioned is true and accurate.

Signature: _____ Date: _____