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/mailing address: ____________________________
   Mobile telephone: ____________________________ Landline telephone: ____________________________
   Fax number: ____________________________ Email address: ____________________________

   **Secondary Point of Contact:**
   Name: ____________________________ Title: ____________________________
   Postal/mailing 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”):
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

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

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).
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________

8. **Project Management History**

   **What experience, if any, does the Project Supervisor have leading community development projects?**
   ____________________________________________
   ____________________________________________
   ____________________________________________
   ____________________________________________
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.)*

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

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.*
### 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?  
__________________________________________________________________________

### 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:  
__________________________________________________________________________

### 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.*