The U. S. Ambassador’s Special Self-Help Program

GUIDELINES

Applications available free of charge. Applications accepted throughout the year, however, in order to be considered for the following year, applications should be submitted by September 30.

Thank you for your interest in the U.S. Ambassador’s Special Self Help Program. The purpose of the program is to provide small-scale assistance to Zambian organizations as part of an ongoing commitment by the U.S. government to support Zambian-driven development activities on a local level. This program is highly competitive and funding is limited, therefore not all applications are awarded a grant. Please read the guidelines (two pages) before completing the six page application form.

In order to be considered, applicants should adhere to the following criteria:

1. A project should improve basic economic or social conditions at the local community or village level. Proposals should be sustainable and have a long-lived value.
2. A project should benefit the greatest number of people possible with any one single activity. Projects that directly benefit only a very limited number of people are discouraged.
3. The project must not replace or supplement activities normally supplied by the host government, such as building classroom blocks for a government school, supplies for a district hospital, etc.
4. Substantial community participation in the activity is required. Contributions may include labor, materials (bricks, sand, gravel, seeds, etc.), land, buildings, or money.
5. Funding is limited to one project, which, once started, must be completed within ten (10) months or less. Grantees should recognize that funding is on a one-time basis only, and grantees will not be allowed to re-apply to the Self Help Program.
6. Projects must be within the community’s ability to maintain and operate. Requests for large-scale agriculture or construction projects or for expensive equipment are not priority projects.
7. Managers of a project should have evidence that they are financially responsible and will be able to account for any funds sent to the organization’s bank account.
8. The requested amount for implementing activities must be reasonable. Project budgets generally range from US$500 to US$15,000. Projects under ZK50,000,000 are more competitive.

The Special Self Help fund cannot be used for:

1. A project activity that is not clearly identified and described.
2. Renovation projects.
3. Revolving loan projects.
4. Projects that are partially funded by another donor or the Government of Zambia.
5. More than one project for any organization.
7. Religious or military activities, as well as projects related to police, prisons, or other law enforcement sectors.
8. Construction, alteration or repair of buildings, structures or other real property.

Note: The U.S. Embassy will not provide funding for the following items:
- Any recurring operating costs such as rent, salaries, administrative or operating costs.
- Pesticides, fungicides, or herbicides
- Personal training, education or travel, unless directly related to project
- Vehicles
- Surveillance equipment
- Office equipment or supplies, such as duplicating machines, printers and computers
- Abortion equipment or services
- Luxury goods or gambling equipment

Additional information:
Send your application to the Small Grants Coordinator via email SelfHelpLusaka@state.gov; or Fax: 211-357-224; or via postal mail:

Small Grants Coordinator
Embassy of the United States of America
P.O. Box 31617
Lusaka
Zambia

Please ensure that your contact information (phone numbers, email addresses, post office boxes, names, etc.) is correct. Application forms and materials will not be returned to you so please keep a copy for your own records and do not send original documents that you would like returned (for example a certificate of registration).

Time table: Applications received between January and September 2012 will be considered for funding in early 2013. Applications received in October, November and December will be considered for funding in 2014.

Review process: The small grants coordinator conducts a preliminary review and then presents finalists to the U.S. Embassy’s inter-agency small grants selection committee for final review and selection.

Final stage: Upon the approval from the U.S. Embassy’s small grants selection committee, a list of new grantees is formed. Grant recipients are notified, attend a workshop, sign agreements and begin implementing their project.

Last reminder: Before submitting please take the time to review the application form and required attachments thoroughly. If this form is incomplete your project will not be considered for funding, regardless of merit.

Thank you.

U.S. Embassy Small Grants Coordinator
SelfHelpLusaka@State.gov

NOTE: If your organization is seeking funds to support orphans and vulnerable children impacted by HIV/AIDS, you might be interested in applying for a small grant under the PEPFAR Orphan and
Vulnerable Children Small Grant Program. For an application and program guidelines, please visit: http://zambia.usembassy.gov/smallgrants.html.
The U. S. Ambassador’s Special Self-Help Program Application

1. Organization Name: ……………………………………………………………………………………………
(Please attach registration documentation, if registered, but do NOT attach organization constitution.)
Founded on (date): ……………………… Current number of members:…………………………
Located (District/Town): ……………………… Province: …………………………………………………

2. Activity for which funding is requested: Please be specific and detailed in what you would like funded.
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3. Award requested: Please list the total amount in Zambian Kwacha you are requesting from the program:
…………………………………………………………………………………………………………………………

4. Project manager contact Information: This person would be responsible for signing the grant, implementing and coordinating the project. (Do not include a copies of NRC cards or CVs.)
Name (First, Last) ………………………………………… Telephone: ………………………………………
Post Address-PO Box District/Town: ………………………………………………………………………
Email address: ………………………………………………………………………………………………………
Second contact name (First, Last): …………………… Telephone: ………………………………………

If any contact information changes, you must inform the small grants office in writing; failure to keep current contact information on file may result in missed funding opportunities; please ensure the phone or email will be valid for at least 12 months.
5. The Project
A. Beneficiaries: Who will *immediately and directly benefit* from your project? How many people total? ........................................

Breakdown of: Men ........ Women ........ Boys (age 0-18) ........ Girls (age 0-18) ........

B. Where will this activity take place? List the village, district and Province:

........................................................................................................................................

Indicate the type of location where the activity will take place:

Land....... Building....... Both....... Neither.......

Do you own, or have user rights to the land or building (check one)?

........ Yes. Please attach documentation of land and/or building ownership or user rights.

........ No. How will you obtain these rights?

Is electricity necessary to your project (check one)?

Yes ........ How far is it from project site? .................................................................

How will it be paid for?...............................................................................................

No........ Electricity is not necessary for the project.

Is water necessary to your project (required for schools, clinics, animals, etc.)?

Yes........ What is the source (tap, borehole)? .........................................................

Can the water be used for the purpose of the project? Yes ........ No ............

How far is it from project site? ..................................................................................

How will it be brought to the site? .............................................................................

If a cost is involved, how will it be paid for? .............................................................

No........ Water is not necessary for the project.

Toilets are required for schools and clinics. How will they be provided? ..............

........................................................................................................................................

C. Are there any environmental issues related to your project such as sewerage, clearing or conversion of land, etc? Yes......................... No............................

If yes, what is the issue? .............................................................................................

........................................................................................................................................

Have you received consultation regarding the environment impact of the project?

Yes....... No ....... *Please explain:* ............................................................................

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D. Project Concept: How did the community or your organization get the idea for this project?

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E. What is the goal of the project? ..............................................................................................................
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F. Who does the project serve? Why is it needed? ..............................................................................................
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G. How long will it take to complete the project? ...................................................................................................
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H. Project Maintenance: If funds requested are for machines (i.e. sewing machine, etc.), who (from the community) will maintain the equipment? What are their qualifications?
Name: ......................................................................................................................................................
Qualifications: ...........................................................................................................................................

I. Community contribution is required. What is the community’s contribution to the project?
Labor: No…… Yes…. If yes, how many people? ..............................................................................................
What kind of work? ........................................................................................................................................
..............................................................................................................................................................
Equipment: No…..Yes…. If yes, describe: ......................................................................................................
..............................................................................................................................................................
Materials: No…..Yes…. If yes, describe: ........................................................................................................
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Money: No…..Yes…. If yes, how much? ...........................................................................................................

J. Current status of project. Has this project already received labor, materials, or funds from other sources, including other grants programs? No……….Yes……..
If yes, explain..............................................................................................................................................
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Have you applied elsewhere for funding for this project? No ……….. Yes…….. If yes, explain: ..........................
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Has your organization ever received (labor, materials, or funds) from other sources, including other grants programs of the U.S. government? Yes…….. No……..
If yes, please list:  Donor: ..................................................Year: ........................................
Donor: ..................................................Year: ........................................
6. **Finances**: Total amount requested from the Self Help Program ZK ……………………………

Provide a detailed itemized budget for the amount requested above. Please include the quantities and costs in Zambian Kwacha for each item. If needed, please attach additional pages.

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Cement</td>
<td>100 bags</td>
<td>K65,000</td>
<td>K650,000</td>
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Projected Monthly Sales – what you will sell, on average, each month.

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<th>Item</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
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Projected monthly gross sales: ……………………………

Monthly Operational Costs. What will be the monthly costs to run the business? Business costs might include, but are not limited to transport, tools, electricity, salaries, fertilizer, feed, vet fees.

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<th>Item</th>
<th>Quantity</th>
<th>Unit Price</th>
<th>Total</th>
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Projected monthly operating costs: ……………………………

Projected monthly net profit (subtract operational costs from monthly sales) ……………………………

How will profits be used?

<table>
<thead>
<tr>
<th>Purpose</th>
<th>Percentage of Profits</th>
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SSH 2012
Viability of Income Generating Projects.

Where will you sell your products? .................................................................
......................................................................................................................

Who will buy them? .................................................................
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7. ATTACHMENTS. In order for your application to be considered, please attach the following documents to your application:

A. Map: A detailed map to the site with landmarks is required and should be drawn on page 8. Be specific. Note the kilometers to the nearest large town (Example: '10Km east of Lusaka on the main road').

B. References: Please provide three (3) independent references for the project and the organization. Please list below the names of the organizations and/or people who have written recommendations below. All references for the project and/or the organization must:
   • Identify their relation to the project coordinator and/or the organization.
   • Cite specific examples that confirm the project coordinator and/or the organization and validate an ability to organize and manage the project.

   Reference/Name ........................................................................
   Reference/Name ........................................................................
   Reference/Name ........................................................................

C. Evidence of community support. Please attach documentation of community support with signatures clearly endorsing the proposed project.

Your name (print): ........................................... Title in the organization........................................

Signature: ................................................................. Date: ........................................

Applicant Check List – Please review the list below and make sure that all of the information is included with your application:

☐ Registration documentation.
☐ Documentation on land/building ownership or user rights, if applicable.
☐ Map drawn on page eight (8), required for all applications.
☐ Three (3) letters from independent references is required for all applications.
☐ Evidence of community support, required for all applications.
☐ Submit this form via email at: SelfHelpLusaka@state.gov; or via postal mail at: Small Grants Coordinator, Embassy of the United States of America, P.O. Box 31617, Lusaka, Zambia
☐ Do NOT attach the following:
   ● Constitution of organization.
   ● Original information you may want returned.
• Photos.

**Map:** Please draw a detailed map to the location of your proposed project in the space below. Please include the project site with surrounding landmarks. Be specific. Note the kilometers to the nearest large town (Example: ‘10Km east of Lusaka on the main road’).  

________________________________________________________  

________________________________________________________  

________________________________________________________  

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________________________________________________________