Ambassador's
Special Self-Help Program
APPLICATION Narrative Sample
To Be Completed English and U.S. Dollars

SECTION 1: APPLICATION SUMMARY

Date of Application	
Project Title	
Amount requested from Embassy	USD
Value of Community Contribution	USD
Number of Direct Beneficiaries	
Revenue to be generated (if any)	USD
Organization Name	
Has this organization received a previous Self Help grant? Yes ☐ No ☐	
Date organization was established: **Number of active members:**	
Project Location *(distance from nearest large town, attach map)*	
Project Manager Name(s) *(person responsible for project)*	
Project Manager Phone Number(s) ***(REQUIRED)***	
Project Manager E-mail(s)	
Second Contact *(name, phone, email)* **(*REQUIRED*)**	

SECTION 2: PROJECT INFORMATION

Where did the idea for the project come from?

Has the project begun or are related activities already taking place? If **YES**, please explain.

Describe the project and how the activities you propose will solve an identified need or problem. Be specific about the purpose, size, and impact of the project.

How many people will **directly** benefit from the project (describe how they will benefit)?

Female: _____ Male:_____ Children _____ Total Benefeciaries_____

Will the project generate income? *** Yes ☐ *** No ☐

***If YES, you are required to complete the PROJECT FINANCES section on Page 7 of this application.

If **NO**, how do you plan to maintain the project?

Is there adequate land, space, or a building for the project (who owns it)?

Is there access to electricity at the project site? Yes ☐ No ☐

Is there access to water within close range of the project site? Yes ☐ No ☐

If you answered **YES** to either of the above questions, specify how many hours per day. If **NO**, describe how you will obtain electricity or water for project needs.

Describe how the community is or will be involved:

Who will manage the project budget? Describe how this management will take place:

Has the project received contributions from other sources? Yes ☐ No ☐

If **YES**, please state from whom and how much:

SECTION 3: ACTIVITY TIMELINE

List the major steps that are necessary to carry out the project and the month(s) during which work will take place for each activity. Funding for projects typically begin in Sept. 30th and the projects are completed in one year.

	Project Activities	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
1													
2													
3													
4													
5													
6													
7													
8													
9													
10													

SECTION 4: BUDGET

The budget should include everything you will need to complete the project, including a substantial contribution in matching funds, supplies and/or labor from your organization. If an item is not listed on this budget, it will not be paid for by the grant. Use additional pages if necessary to expand on each budget line item where required. **Complete in US dollars.**

Local Community Contribution

List the (1) materials, supplies, equipment, (2) labor, or (3) investment your organization will provide.

(1) Materials, supplies, and equipment:

Description		Unit	Quantity	Unit Price	Total
1.					
2.					
3.					
4.					
5.					
Total estimated value of materials, supplies, and equipment: US dollars					

(2) Labor (unskilled, mason, carpenter, well digger, etc.):

Description		Number people	Number days	Cost per day	Total
1.					
2.					
3.					
4.					
Total estimated value of labor: US dollars					

(3) Money, investment, property value:

Description		Total
1.		
2.		
3.		
Total estimated value of money, investment, or property: US dollars		

Please attach additional sheets if required.

Total estimated value of contribution from applicant organization: US dollars	

American Embassy Contribution

List the materials, supplies, or equipment you will purchase with Self-Help funds.

Materials, supplies, and equipment to be funded by the American Embassy:

	Description	Unit	Quantity	Unit Price	Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
	Total value of materials, supplies, and equipment: US Dollars				

****** Photo copy and scan original pro forma invoices for all items listed above. ******

Total value of contribution requested from American Embassy: US dollars	

SECTION 5: PROJECT FINANCES

Completion of this section is REQUIRED for those projects that will generate revenue. Use reasonable estimates. Indicate whether the estimates are monthly, seasonally or other.

Projected Sales *If you will sell something, what do you project for sales?*					
	Item	Unit	Quantity	Unit Price	Total
				Projected gross sales: US Dollars	

Operational Costs *Estimate the costs to run the business. Costs might include, but are not limited to rent, transportation, electricity, salaries, fertilizer, feed, maintenance, packaging or items to restock.*					
	Item	Unit	Quantity	Unit Price	Total

				Projected operating costs: US Dollars	

Projected Net Profit: Subtract operational costs from monthly sales.
(Projected Sales) – (Operational Costs) = Projected Net Profit **US Dollars _____**

Viability of Income Generating Projects: Where will you sell your products and to whom? How far away is it? How will you transport goods? Where is the nearest competition?

SECTION 6: APPLICANT SIGNATURE- Required

Signature (can be typed) _____

Position title in organization: _____

Date: _____

Submit Proposals Electronically to:

US Embassy Dar es Salaam
686 Old Bagamoyo Rd Msasani
P.O. Box 9123
Dar Es Salaam Tanzania
Attn : Selfhelpd@state.gov