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Passport Photograph  
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## **The American Ambassador's**

### **Special Self-Help Program**

#### **APPLICATION FOR ASSISTANCE**

Please complete fully, attach pro-forma invoices for all items requested and return to:

Special Self-Help Program  
U.S. Embassy  
P.O. Box 194  
Accra

**All information will be verified**

1. Full Name and Address of Organization Applying:

Contact Person: \_\_\_\_\_

Town, District, Region Where Project is Located:

\_\_\_\_\_

2. How can we contact you in an emergency? (Ex: telephone number at nearby communications centre. Please provide name of establishment and telephone number)

\_\_\_\_\_

3. Background, Membership, and Objectives of the Organization:

4. List the organization's past and present Self-Help Programs and how they have aided in developing the community and district:

5. Has this organization applied for Self-Help Funding from the Embassy before? If so, give the name of the project, the year applied, and the result of the request:

6. a. Type of project for which you are seeking U.S. Embassy assistance:

b. If the goal of the project is to generate income, how much income do you expect it to generate annually and how will the income be distributed?

7. Exact and detailed description of the project. Include specifications of size and structure, for example: *6' x 8' room, poured concrete with aluminum roofing sheets*. What exactly will funds be used for? Include sketches or drawings of any buildings. They do not need to be formal blueprints. If funding will be used for part of a building, indicate clearly what part of the building:

8. Please provide information on the cost of the project:

Total project cost:	_____
Community contribution:	_____
U.S. Embassy contribution:	_____
Other contributions:	_____



10. What has already been done? (*Example: foundation laid, walls built to window level, funds raised.*)

11. When did work on the project begin?

12. Give the approximate time it will take to complete the project once funds are granted. Explain how much work needs to be done and how long it will take.

13. Give details of contributions to be made by the community: (*for example: 300 hours of volunteer labour per week, 500,000 cedis, 50 bags of cement, etc.*)

14. Who will be the project leader and the person responsible for ensuring completion of the project?

What are his/her qualifications for the project?

15. When completed, will the project need any professional or technically trained people to operate it?

If so, please list them and indicate how you will arrange to employ them.

16. Give approximate number of people who will benefit directly from the project. Be specific. (*Ex: 50 members of village cooperative; 200 students; 1,000 residents of village served by health clinic*)

17. Will records be kept for at least three years and be made available for inspection?
18. Will a representative of the American Embassy be permitted to observe and evaluate the progress of the project?
19. Is it fully understood that any American Embassy contribution to the project will be one-time only and if the project falls short of funds additional money must be raised from other sources?
20. Do you agree to be responsible for cost, arrangements, and transportation of items to the project site?
21. Will receipts for **all** funds received be submitted to the embassy?
22. What role, if any, will the government of Ghana play in this project?
23. If this application is for assistance with the construction of a school building or health clinic, it must be accompanied by a letter of support by the District Education or Health Office responsible.
24. Have you applied to other embassies or donor organizations for assistance with this project? If so, please list them and give the results of your application.

25. How did you learn of the Ambassador's Special Self-Help Program?

26. Please provide a map or directions in order to assist us in locating your project.

*I certify that all information contained in this form is correct to the best of my knowledge. Any attempt to provide false information shall result in the disqualification of this application. **Important: The person completing this form must attach a passport-size photograph to the first page in the space indicated. The application will not be considered without a photograph.***

Printed Name of Person Completing Form \_\_\_\_\_