



## The U.S. Ambassador's Special Self-Help Fund Proposal Template

*The Self-Help Proposal is FREE of charge and the Embassy DOES NOT request any payment to receive and evaluate a project.*

**Funding Opportunity # AF-TZ-SSH-GR-2020**

Date: \_\_\_\_\_

### 1. Community or Group Information

<b>Group/Organization Registered Name</b>	
Organizations Federal DUNS #	
Type of Group (Check where appropriate)	NGO ____ CBO ____ FBO ____ Other (specify) _____
Address or P.O. Box	
Email Address	
Cell Phone Number	
<b>Group's Project Manager Contact Information</b>	
Cell Phone Number	
Email Address	
<b>Secondary Contact</b>	
Cell Phone Number	
Email Address	
<b>References</b>	
Name	
Organization	
Email Address	

Cell Phone Number		
Name		
Organization		
Email address		
Cell Phone Number		
Name		
Organization		
Email Address		
Cell Phone Number		
<b>Description of Group or Community</b>		
How long has the organization existed?		
How many members?		
How often do you meet?		
Who benefits from the organization's activities (please be specific)?		
List the assets and value of the assets owned by the group (for example, land equipment, money in the bank)		
What development activities has your group implemented in support of the community?		
Have you ever received a grant from the US Embassy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes	Amount in USD:	Year:
	Project Site	
	Project title/type:	

## 2. Project Information

**Number of beneficiaries (how many people will be directly benefiting from the project)**

Men \_\_\_\_\_

Women \_\_\_\_\_

Boys \_\_\_\_\_

Girls \_\_\_\_\_

Total \_\_\_\_\_

- **Project Background (describe the context of the project)**

- **Project justification (why is this project necessary?)**

- **Project goal (what is the purpose of the project)**

- **Project Sustainability (Describe how the project will be self-sufficient at the end of the one-year self-help funding)**

**General financial details** (Include pro forma invoices with vendor name and current cell phone number for all items listed in the budget including the brand name and item.

<b>What is the total cost of this project?</b>	Cost in TSH _____	Cost in USD _____
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How much money has been raised for the project?	
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Who provided this money?	
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Are other embassies, donors, or government agencies providing money or support for this project?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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	If so, please explain:
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**Embassy Grant**

How much money are you requesting from the US Embassy?	TSH _____	USD _____
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Who will manage the grant money and the project? List the person and title.	
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**Community contributions**

Labor	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	Describe:

Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	Describe:

Materials	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	Describe:

Money	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	Describe:

Other	<input type="checkbox"/> Yes <input type="checkbox"/> NO
	Describe:

**Income Generation**

When completed, will the project produce income?	<input type="checkbox"/> Yes <input type="checkbox"/> NO
If yes, how much?	
Who will control the income generated?	
How will the income be used?	

### SECTION 3: 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 TSH and convert to 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.				
<b>Total estimated value of materials, supplies, and equipment:</b>			<b>TSH</b>	
			<b>US Dollars</b>	

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

Description	Number of People	Number days	Cost per day	Total
1.				
2.				
3.				

4.					
<b>Total estimated value of labor:</b>				<b>TSH</b>	
				<b>US Dollars</b>	
<b>(3) Money, investment, property value:</b>					
Description					
1.					
2.					
3.					
<b>Total estimated value of money, investment, or property:</b>				<b>TSH</b>	
				<b>US Dollars</b>	
<b>Projected Sales</b> <i>If you will sell something, what do you project for sales?</i>					
	Item	Brand	Quantity	Unit Price	Total
<b>Projected gross sales :TSH</b>					
<b>Projected gross sales: US Dollars</b>					
<b>Operational Costs</b> <i>Estimate the costs to run the business. Costs might include, but are not limited to rent, transportation, electricity, salaries, feed, maintenance, packaging or items to restock.</i>					
	Item	Brand	Quantity	Unit Price	Total
<b>Projected operating costs: TSH</b>					
<b>Projected operating costs:US Dollars</b>					

Please attach additional sheets if required.

Total estimated value of contribution from applicant organization: US dollars					
<b>American Embassy Contribution</b>					
<i>List the materials, supplies, or equipment you will purchase with Self-Help funds.</i>					
<b>Materials, supplies, and equipment to be funded by the American Embassy:</b>					
	Description	Brand	Quantity	Unit Price	Total
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>Total in TSH</b>					
<b>Total in USD</b>					

**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 Net Profit:** Subtract operational costs from monthly sales  
 (Projected Sales) – (Operational Costs) = Projected Net Profit  
 TSH \_\_\_\_\_  
 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?

**Applicant Check List**

- Ensure all forms are completed in full
- Provide a copy of Organization’s registration certificate
- Provide all completed SF 424 forms (SF424, SF424A, and SF424B)
- All forms must be completed in English and US dollars

**SECTION 4: APPLICANT SIGNATURE- Required**

**Signature (can be typed)**

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**Position title in organization:**

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**Date:**

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