



SELF-HELP

U.S. Embassy Monrovia *fund*

Ambassador's Special Self-Help Program Application for Assistance 2020-2021

Deadline: April 30, 2021

BACKGROUND INFORMATION: Please read the attached information & application guidelines carefully and complete this form as required.

Please complete and attach all requested items and return to:

Ambassador's Self-Help Fund Coordinator
Embassy of the United States of America
P.O. Box 98
502 Benson Street, Monrovia

Or email form to: MonroviaSelfHelp@state.gov

For additional information, please contact us at #077-795-8072 or check our website-
<https://lr.usembassy.gov/education-culture/funding-opportunities/>

1. Name of organization _____

Address: _____

Contact Person: _____ Phone number: _____

2. Organization

Background: _____

Objectives: _____

Membership: _____

3. Type of project for which you are seeking U S Embassy assistance: Income Generation / Health / Education

4. Location of Project

Town: _____

District: _____

County: _____

5. Has organization applied for Self-Help funding from the U.S. Embassy before? Yes / No

If yes, please provide the following:

Name of the project: _____

Year applied: _____

Was the project funded? _____

6. Has or will organization receive financial aid from other Embassies or organizations on the same project for which you are requesting U. S financial assistance? Y / N

If yes, which Embassy? _____

7. Approximate number of beneficiaries including the following:

Direct: (Sum of a, b, c & d) _____ a. Women: _____ b. Men: _____

c. Male Children: _____ d. Female Children: _____

Direct beneficiary population:

1. People with Disabilities: _____ 2. Orphans: _____

3. Any additional special populations (please describe):

8. Describe past and current development projects that your organization has participated in your community:

PROJECT DESCRIPTION

9. Exact and detailed description of the project, (what will funds be used for and the issues the project seeks to address) e.g. We want to cultivate two acres of cassava. We want to complete a six-classroom school building. We are planning to construct hand pump. The funds will be used to buy, cutlasses/zinc/pump. We don't have a school or safe drinking water. Include specification of materials required for the project. e.g. quantity and size of zinc, cement, and other items. Include sketches or drawing of any buildings as attachments. These do not need to be formal blueprints. Please remember, **Self Help Funds typically cannot be used to buy vehicles, motorbikes, computers, photocopiers, or power saws.**

10. Please list all items to be purchased with the assistance given. If the space below is insufficient, you may attach your budget.
Remember request should not exceed \$10,000.00. Funding range is \$1,000 to \$10,000 for each activity.

Size or Model	Unit of Sale	Unit Price (USD)	Quantity	Total Price
<i>Example:</i> <i>Steel rod ½" Cement</i>	<i>Each</i>	<i>10</i>	<i>30</i>	<i>300</i>
TOTAL AMOUNT REQUESTED: USD				\$

11. Give details of the community's contribution that will be made: (For example: 30 bags of cement, volunteer laborers, etc.) You must indicate dollar value of contribution in USD \$.
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12. What is or will be the organization's contribution? (Example: land obtained, walls built to window level, volunteers recruited, revenues raised.) You must indicate dollar value of the contribution in USD \$.
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13. When did work on the project begin, or when will it begin? _____

14. Give approximate time schedule for completion. Explain how much work needs to be done for each part of the project and how long it will take.
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15. Who will be the project leader and the person responsible for ensuring completion of the project? What are his/her qualifications for the project?
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16. Does the project have community buy-in? In other words, are there individuals currently living in the community who will help to oversee, support, and assist the project leader to ensure this project is maintained or continued? _____

17. When completed, will the project need any professional or technically trained people to operate it? Y / N
If yes, please list them and how you will arrange to employ them:

18. Describe below the role, if any, that the Liberian Government will play in this project:

PROJECT ADMINISTRATION

All applicants must be able to meet the following requirements:

1. Keep records for at least three years and make them available for inspection.
2. Permit representatives of the U.S. Embassy to observe and evaluate all stages of the project's progress including before, during, and additional follow-up.
3. Understand that any U.S. Embassy contribution to the project will be one-time only. If the project falls short of funds, additional money must be raised by the community and/or from other sources.
4. During the project cycle, two reports are required progress and final reports.
5. Disbursement will be in at least two installments and the final payment will be only after final report is submitted.

ATTACHMENTS

- A. **FOR ALL ORGANIZATIONS:** Please attach a letter of support on your project from your town chief, county leadership, zonal or regional bureau in your area.
- B. **FOR NGOS AND LEGALLY REGISTERED ORGANIZATIONS:** Please attach certificate of registration from Ministry of Foreign Affairs. If you haven't obtained one, please state why.
- C. **FOR CONSTRUCTION PROJECTS – SCHOOL BUILDINGS AND HEALTH CLINICS:** Attach a letter from the District Education or Health Officer in charge, stating that the proposed project meets the Government of Liberia's requirements and standards for construction. Be sure to include the name and contact information of the education or health officer.

Print Name of Person Completing Form: _____

Signature: _____

Date: _____

Note: Only Short-Listed Applicants will be notified, and incomplete applications will not be considered.
(Though every effort will be made to contact organizations whose applications are incomplete, it is the organization's responsibility to ensure all required documents are received by the annual deadline