



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

Group/Organization Registered Name	
Organizations Federal DUNS #	
Type of Group (Check where appropriate)	NGO____ CBO____ FBO____ Other (specify) _____
Address or P.O. Box	
Email Address	
Cell Phone Number	
Group's Project Manager Contact Information	
Cell Phone Number	
Email Address	
Secondary Contact	
Cell Phone Number	
Email Address	
References	
Name	
Organization	
Email Address	

Cell Phone Number		
Name		
Organization		
Email address		
Cell Phone Number		
Name		
Organization		
Email Address		
Cell Phone Number		
Description of Group or Community		
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.

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

Embassy Grant

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

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.				
Total estimated value of materials, supplies, and equipment:			TSH	
			US Dollars	

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

Description	Number of People	Number days	Cost per day	Total
1.				
2.				
3.				
4.				

Total estimated value of labor:				TSH	
				US Dollars	
(3) Money, investment, property value:					
Description					
1.					
2.					
3.					
Total estimated value of money, investment, or property:				TSH	
				US Dollars	
Projected Sales <i>If you will sell something, what do you project for sales?</i>					
Item		Brand	Quantity	Unit Price	Total
Projected gross sales :TSH					
Projected gross sales: US Dollars					
Operational Costs <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
Projected operating costs: TSH					
Projected operating costs: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	Brand	Quantity	Unit Price	Total
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
Total in TSH				
Total in USD				

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)

Position title in organization:

Date:

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