

**AMBASSADOR'S SELF-HELP PROGRAM**  
**APPLICATION CHECKLIST**

GROUP/PROJECT NAME:

PROJECT MANAGER'S NAME:

ADDRESS:

TELEPHONE:

DISTRICT:

Please mark that the following are attached to this application:

A full description of your group (co-op, club, etc.) telling number of members, how long you have been working together, current activities, etc. Add any other information about your group that may be helpful.

Please include a copy of your registration if you are a registered co-op.

Financial Information: What is your product or service? In the past 12 months: a) How much money have you received from the sale of your product or service? b) What have your costs been? c) How much has been paid in salaries and/or allowances? d) How much has the group reinvested in your enterprise? e) Is the group able to pay Value Added Tax (VAT) on the goods to be purchased?

A clear statement of the project you wish to undertake and exactly what you are requesting with grant funds. Specify what your group will contribute.

Quotation invoices for items to be purchased.

Supporting letters from district officials with names, contact addresses and telephone numbers.

A map clearly showing the location of your project and how it may be reached from the nearest large town, indicating distances and unpaved roads.

**YOUR APPLICATION MAY NOT BE CONSIDERED WITHOUT THE**  
**SUPPORTING DOCUMENTS**  
**ALL MATERIALS MUST BE RECEIVED BY OCTOBER 31, 2007**

Post completed application to:

Self-Help Program, U.S. Embassy  
P.O. Box 9123, Dar es Salaam  
Telephone #2668001 Ext. 4166, Fax #2668238/2668373