



## U.S. AMBASSADOR'S SELF-HELP FUND APPLICATION CHECKLIST

EMPLOY THIS FORM TO ASSURE YOU HAVE PROVIDED THE ASSHF WITH ALL NECESSARY APPLICATION INFORMATION.

GROUP/PROJECT NAME:

PROJECT MANAGER'S NAME:

ADDRESS (including REGION and DISTRICT):

TELEPHONE and EMAIL:

Please place a checkmark next to the requirement if the necessary information is attached to this application:

A full description of your group (co-op, club, etc.), including: the number of group members; how long you have worked together; current group activities; etc. Describe the qualifications of the project manager and where he/she is located. Add any other additional information about your group that may be helpful.

A clear statement of the project you wish to undertake. **Please indicate the number of people who are direct beneficiaries of the project**, what the project has achieved to date and what your group has and will contribute to the project. Also include a project budget and work plan.

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? Is the group able to pay Value Added Tax (VAT) on the goods to be purchased? Does your project have a bank account? How much money does your group have on-hand to contribute to the project?

Quotation invoices for items to be purchased.

Letters of support from district officials, including their contact information.

A map and directions that clearly shows 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 MARCH 31, 2008

Post completed application to:

**Self-Help Program**

**U.S. Embassy**

**P.O. Box 9123, Dar es Salaam**

Telephone #255-22 266-8001 Ext. 4166, Fax #255-22 266-8238