**U.S. Embassy Dar es Salaam**

**The Ambassador’s Special Self-Help Program**

The purpose of this grant program is to provide small-scale assistance to Tanzanian communities as part of an ongoing commitment by the U.S. government to support Tanzanian-driven development activities at the local level. This program is highly competitive and funding is limited. Not all applications are awarded a grant.

***Please read the criteria below thoroughly before completing the application form.***

**Eligibility Criteria**

* The project must be initiated by the community and should benefit the community by increasing income or improving living or social conditions. If the project is designed to generate income, it must be truly community-based and not a for-profit enterprise or sole proprietorship, and the project must have a plan for equitable distribution of any income generated.
* Applicants must be a non-profit organization, NGO, or CBO registered with the Government of Tanzania, or a community association formed at least one year before the date of application.
* The proposed project should be a single activity that helps to improve basic economic or social conditions at the community level. Projects should be administered at the community level.
* The project should be sustainable and not require continued support after the one-time contribution from the Special Self-Help Program.
* Substantial community participation is required during the project. Contributions may include labor, materials, equipment, land, buildings, or funding.
* Projects must be within the ability of the community to operate and maintain sustainably.
* All projects must be completed within one calendar year of the grant award date.
* The maximum grant submission allowed is $10,000, converted to Tanzanian Shillings at the prevailing exchange rate. However, it is rare that projects are funded at that amount. Projects typically range between US $1,000 and $9,000.

**Special Self-Help Program funds CANNOT be used for:**

* Religious, political, military, law enforcement, police, or prison-related activities;
* Personal training, research, publishing materials, or projects that solely provide trainings;
* Costs associated with events or ceremonies, including but not limited to, alcohol, entertainment, dancers, poets, musicians, venue rental, or food and drink;
* Administrative or recurring operating costs, including, but not limited to, transportation costs, per diem, administrative fees, rent, salaries, electric bills, or school fees;
* Investments in personal businesses, for-profit enterprises, or sole-proprietorships;
* Activities with unmitigated or negative environmental consequences;
* Purchase of vehicles, office supplies, printers, copiers, computers, tablets, mobile phones, pesticides, herbicides, fungicides, surveillance equipment, luxury goods, or gambling equipment;
* Activities that benefit any employee of the U.S. government.

**Deadline for Application Submission: April 14, 2023**

The U.S. Embassy in Dar es Salaam receives hundreds of requests for support each year and funding is both limited and contingent on U.S. Congressional approval. We regret that not all projects can be funded even when the eligibility criteria and guidelines are met.

**United States Embassy Dar es Salaam**

**Ambassador’s Special**

**Self-Help Program**

**APPLICATION FOR ASSISTANCE**

Please fully respond to **all** questions in this application. Provide requested supporting documents, and email your signed application to SelfHelpD@state.gov or deliver to:

Ambassador Self-Help Coordinator

U.S. Embassy

686 Old Bagamoyo Rd, Msasani

P.O. Box 9123

Dar es Salaam, Tanzania

***Deadline for Application Submission is April 14, 2023***

*All information provided will be verified*

Project title: Click or tap here to enter text.

Project location: Town/village name: Click or tap here to enter text.

District: Click or tap here to enter text. Region: Click or tap here to enter text.

Name of organization applying:Click or tap here to enter text.

Name of project coordinator or lead contact:Click or tap here to enter text.

Mobile phone number: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Community contact person at the project site (not the project coordinator/lead contact):

Name: Click or tap here to enter text.

Mobile phone number: Click or tap here to enter text.

1. Briefly (1-2 sentences) describe the project for which you are seeking assistance.

Click or tap here to enter text.

2. Briefly (1-2 sentences) describe the problem that the proposed project will solve.

Click or tap here to enter text.

3. Provide an *exact* and *detailed* description of the project, including steps taken by the community to date. Include specifications, such a number of any items required or size of structures. (*Example*: *6’ x 8’ room, poured concrete floor with aluminum roofing sheets to house a rural women’s weaving cooperative.)*

Please use additional pages if necessary.

Click or tap here to enter text.

4. If construction, or completing construction, is part of the project, please provide sketches or drawings of the work **on additional pages** and provide information about who will certify the construction as sound. You do not need to provide formal blueprints.

5. What month and year did work on the project begin? If work has stopped, when did it stop?

Click or tap here to enter text.

6. What work on the project has already been done?

(*Example: funds raised and land given by chief, walls built to lintel level, hydrology report done)*

Click or tap here to enter text.

7. Estimate the steps needed to complete the project time needed to reach each step.

Click or tap here to enter text.

Please use the Optional Implementation Plan document if necessary.

8. Estimate the number of direct beneficiaries, people who will benefit directly from the project. (*Example: 50 members of village cooperative; 1,000 residents served by health clinic*)

Men Click or tap here to enter text. Women Click or tap here to enter text. Boys Click or tap here to enter text. Girls Click or tap here to enter text.

9. If a goal of the project to generate income, how much income do you expect the project to generate per year and how will the income be distributed among beneficiaries?

Click or tap here to enter text.

10. When completed, will the project require any professional or technically trained staff for regular operations? If so, please indicate how they will be employed to work with the project.

Click or tap here to enter text.

11. Will the government of Tanzania play any role in this project? *(Example: provide teachers)*

Click or tap here to enter text.

12. Describe the background, membership, and objectives of the organization submitting the grant application. Please provide copies of official registration documents with your application.

Click or tap here to enter text.

13. List any past or present grants, from any source, awarded to support this project or community that are relevant. Please note the year, donor, value in cedi, and purpose of grant.

Click or tap here to enter text.

14. Has the organization or community previously applied for Self-Help Funding? If so, please provide the year of application, name of project, and the result of the request.

Click or tap here to enter text.

15. Have you applied to other embassies or donor organizations for assistance with this project? If so, please list them and give the results of your application.

**Other Contributions** (please use figures from pro-forma invoices)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of contribution  | Unit  | Shilling Price Per Unit  | Quantity  | Total Price  |
|  *EXAMPLE: Donation from Former Students Association* | *Donation* |  *TZS 100,000* | *1* | *1 x TZS 100,000 = TZS 100,000* |
|  |  |  |  |  |
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Total estimated amount of other Contribution in Tanzanian Shillings:Click or tap here to enter text.

16. Provide a detailed list of community contributions and estimate their value in Tanzanian Shillings.You may use the optional budget template if necessary.
*(Example: 20 days of volunteer labor by 10 people valued at TZS 20,000 per day = TZS 4,000,000)*

**Community Contribution** (Estimate value in Tanzanian Shillings)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of contribution  | Unit  | Shilling Price Per Unit  | Quantity  | Total Price  |
|  *EXAMPLE: Unskilled labor for 10 people* | *per day of labor* |  *TZS 20,000 per person per day* |  *10 people working 6 days* |  *20,000 x 10 x 6 = TZS 1,200,000* |
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Total estimated amount of Community Contribution in Tanzanian Shillings:Click or tap here to enter text.

17. Please list all professional services and items to be funded by the Special Self -Help Program.

**Pro forma invoices for all items listed must be included for applications to be eligible.**

Prices will be verified. The pro forma invoice total should equal the amount requested.

You may use the optional budget template if necessary.

**Requested U.S. Embassy Contribution** (Must match totals from pro-forma invoices)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of contribution  | Unit  | Shilling Price Per Unit  | Quantity  | Total Price  |
|  *EXAMPLE: Metal roofing sheets* | *per sheet* | *TZS 10,000 per sheet* |  *15 sheets* | *10,000 x 15 = TZS 150,000* |
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Total Amount Requested from U.S. Embassy in Tanzanian Shillings Click or tap here to enter text.

18. Please list the total cost of each part of the entire project in Tanzanian Shillings

Community contribution (*from question 16*):Click or tap here to enter text.

Requested U.S. Embassy contribution (*from question 17*): Click or tap here to enter text.

Other contributions total: Click or tap here to enter text.

**Total project cost:** Click or tap here to enter text.

19. Do you agree to be responsible for the cost of arrangements and transportation of items to the project site?

Click or tap here to enter text.

20. How is the project coordinator or lead contact qualified to undertake this project?

Click or tap here to enter text.

21. Do you agree to meet reporting deadlines and requirements as requested by the Embassy?

22. Will records and receipts for all purchases be kept for at least three years and be made available for inspection by embassy staff?

Click or tap here to enter text.

23. Will Embassy staff be permitted to observe and evaluate the progress of the project?

24. If selected for a grant, do you agree to sign up for a System of Award Management account at www.sam.gov?

(***Do not*** *sign up for an account until specifically directed by Embassy staff.*)

Click or tap here to enter text.

25. Do you acknowledge that any Special Self-Help Program contribution will be one-time only, and if the project falls short of funds or requires additional funds due to unforeseen circumstances, additional funding must be raised from sources other than the U.S. Embassy?

Click or tap here to enter text.

26. If the project involves a school or health clinic, it must be accompanied by a letter of support by the District Education or Health Office responsible. Is a letter of support required for your project?

Click or tap here to enter text.

27. How did you learn of the Ambassador’s Special Self-Help Program?

Click or tap here to enter text.

28. Please provide directions, a map on an additional page, GPS coordinates (*Example:* 5°34'44.4"N, 0°10'11.6"W), or address for the project site to be used if you are selected for a site visit. You may use an additional page if necessary if drawing a map.

**Important: Applications must include the following items to be eligible for consideration:**

[ ] **Pro-forma invoices for any requested items or professional services.**

[ ] **Signed and completed application form.**

[ ] **Signed and Completed SF Forms**

[ ] **SF 424**

[ ] **SF 424 A**

[ ] **SF 424 B**

[ ] **Copies of documentation confirming your organization is registered in Tanzania.**

[ ] *(if applicable)* **Letters of support from district health or education office.**

[ ] (*if applicable*) **Optional additional pages, budget template, implementation plan, or map**

**Do not submit original documents with your application. Submissions will not be returned.**

*I certify that I have reviewed the eligibility criteria and that all information contained in this form is correct to the best of my knowledge. Any attempt to provide false information shall result in the disqualification of this application.*

Printed Name of person completing form: \_Click or tap here to enter text.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_