



**APPLICATION FOR
SELF-HELP PROJECT FUNDING**

(PLEASE DELIVER TO:
CHANTAL AFOUTOU
DEVELOPMENT OFFICE
U.S. EMBASSY LOME)



This questionnaire must be completely filled out and submitted with the other constituent documents of the application. You should provide precise and accurate answers. Every section must be filled out, even if it is not applicable to your specific project. Before filling out this form, please be sure to read all the relevant information on the Self Help Program so that you understand its requirements and limitations. Please also be sure to explain the details of the program to all participants of your project. All needed information can be found at: <http://togo.usembassy.gov/resources/development-assistance-program.html>

ANY REQUEST FOR MORE THAN US\$5,000 WILL NOT BE CONSIDERED.

1. Location of the project: _____ Prefecture _____
2. Title of the project: _____
3. Name of the organisation: _____
4. Describe your association or your community: (How are you organized? How long has the group existed? How many members do you have? How often do you meet?)

5. Amount requested from the Embassy: (less than US\$5000) _____
6. Number of beneficiarries : total _____ # men _____ # women _____
boys _____ # girls _____ # persons living with a handicap _____
7. Beneficiaries' contribution in labor and materials: _____
8. Beneficiaries' cash contribution: (in FCFA) _____
9. Give a short explanation about how the community or organization intends to meet its cash and labor contribution:

10. Distance in km from Lomé and from the nearest town
Lomé - location (in km) : _____ Closest town : _____ Km : _____
11. Brief description of the project:

12. Time required to complete the project: _____

13. Brief justification of the project: _____

14. What is the project's direct impact on the organization and/or population: _____

15. What is the project's direct impact on persons living with a handicap: _____

16. Name of the person responsible for the project: _____
Profession _____ Address: B.P. _____
Tel : _____ Email : _____
17. Name of the Technical Assistant (if applicable): _____
Profession _____ Address: B.P. _____
Tel : _____ Email : _____
18. Have you requested assistance from other donors for this project? _____
If yes, from whom? _____
What, if any, assistance are they providing? _____
19. Are there any ongoing community project(s) in the village? _____
If yes, please describe: _____

20. Has the community/organization ever previously undertaken a project like this? _____
If yes, what? (project, date, donors, your contribution): _____

21. Are there persons living with a handicap within this community? _____
If yes, with how many of them have you worked? _____
Have you done some projects with them? _____
What types and how many activities? _____

22. Has your town or village already benefited from any assistance from the US Embassy? _____
If yes, what kind of assistance (project, date, current status of the project)? _____

23. Who initiated this project for which you are seeking assistance? _____

24. How was the project conceived and developed? _____

25. Will the project generate income? If yes, how much income? How will it be used? Who will control this revenue? _____

Name _____

Profession _____ Adresse: B.P. _____

Tel : _____ Email : _____

26. Are the local authorities and/or the supervising organization aware of the project? _____

27. Give names and titles of persons to be contacted during a site visit::

Name : _____ Profession : _____

Name : _____ Profession : _____

Name : _____ Profession : _____

28. Person who is filling out this questionnaire:

Full name: _____ Profession : _____

B.P.: _____ Tel (important): _____

Email _____

I certify that the information included is true and accurate, to the best of my knowledge.

Signature : _____ Date : _____



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Location of the project: _____ Prefecture _____

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Include a simple map to the project site, with distances in km from Lomé and from the nearest town :