



EMBASSY OF THE
UNITED STATES OF
AMERICA

THE AMBASSADOR'S SELF- HELP FUND

APPLICATION FORM

P.O. Box 606 Village Market
00621 NAIROBI

Tel: 02- 363 8262

Fax 02- 363 6311

E- mail: selfhelp@state.gov

GROUP INFORMATION

MEMBERSHIP & OFFICERS

Name of Group:

Date Registered:

Name of Group Manager

Address (P.O. Box and Town):

Title of Group Manager

Telephone/ Mobile Contact with Code

Province District Division/Location/ Village

Group Chairperson

Group Vice-Chairperson

Groups Bank Account Number Balance

Group Secretary

Group Treasurer

Signatories to the Above Account

Other Group Officer

1)

Other Group Officer

2)

3)

History of Group

1. Why was the group formed? What are the group's goals?

Total Number of Group Members

Women:

Men:

Active:

Inactive:

District Development Officer Name

D. D. O. Address

D. D. O. Signature

District Social Development Officer Name

DSDO Address

DSDO Signature

DSDO Telephone/ Mobile Contact

2. How much time does each member give to the group each week?

3. What projects has the group undertaken?
How successful have they been?

4. What financial and material contributions have group members made to these projects?

PROJECT DESCRIPTION

1. Give a brief description of the project the group wants to have partially funded by the Self-Help Fund:

2. How many people will directly benefit from the project? How will the project benefit the community?

3. Will your group need any training to carry out the project? If yes, how will the group get that training?

4. What specific goals do you hope to achieve through the project?

PROJECT MANAGEMENT

1. What skills or labor will the group contribute to the project?

2. Who will be the Project Manager responsible for obtaining proforma invoices, materials, coordinating the work and seeing that the project is completed properly and on time?

NAME;

CONTACT TELEPHONE:

3. What arrangements will be made to ensure that the project will be self-sufficient after completion?

FUNDING

1. Amount requested from this fund: _____ 2. Group Contribution: _____

3. Contribution from the Government of Kenya: _____

4. Contribution from other Donor (requested or given): _____

5. Has your group received any aid in the past from the Ambassador's Self Help Fund? If yes, when, what amount, and for what project? _____

I declare that all the information above is true to the best of my knowledge. I understand that giving false information which would lead to fraudulent use of the US Government funds could result in police action being taken.

Signature of Group Manager: _____

Date: _____
