Information on the Julia Taft Fund for Refugees (JTF)

The Julia Taft Fund for Refugees (JTF) is an initiative by the Department of State’s Bureau of Population, Refugees, and Migration (PRM) to respond to critical unmet needs of refugees. Created in 2000, the Julia Taft Fund for Refugees supports projects that fill gaps in refugee services. Successful programs are those that can be implemented locally and that are not being addressed by the Office of the United Nations High Commissioner for Refugees (UNHCR).

Please submit your completed application to niameygrants@state.gov or to the following address:

Program Grants Unit, U.S Embassy

B.P. 11201
Niamey, Niger

Applications for grants no more than $ 6,250 are encouraged and often have a better chance of getting the funding.
PROJECT SUBMISSION FORM
(JTF)PROGRAM

This questionnaire must be fully completed and submitted along with the other documents comprising the file. Please fill out carefully by giving accurate and honest answers. You are asked to complete all the sections, although some have nothing to do with your project.
Before completing this questionnaire, it is important to read the information on the Julia Taft Program, to explain to your associates or partners and all those who will participate in this project. More information can be found on http://niamey.usembassy.gov/dap.html

I. Information on the Applicant

1. Name of the Organization: ________________________________________________________

2. Address: ________________________________________________________________________

3. DUNS Number: ________________________________________________________________
   (Required and can be obtained on www.grantsolutions.gov)

4. Email Address: ___________________________________________________________________

5. Name of the Project Manager: ______________________________________________________

6. Telephone Number: ___________________________________________________________________

7. Registration Number: _________________________________ (Please attach a copy)

8. 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?)
   _________________________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________
   _________________________________________________________________________________

II. Information on the Project

1. Project Tittle: ________________________________________________________________
2. Project Location: ________________________________________________________________

3. Grant Amount requested : (Maximum 6,250 dollars) ________________________________

4. Number of Beneficiaries : total________ # Men _________ # Women________
   # Boys_____ # Girls ________ #
   persons living with a handicap _________________

5. Distance in km from Niamey and from the nearest town
   Niamey - location (in km) : _____ Closest town : ____________________ Km : ________

6. Brief description of the project:
   ________________________________________________________________________________
   ________________________________________________________________________________
   ________________________________________________________________________________

7. Time required to complete the project:
   ________________________________________________________________________________
   ________________________________________________________________________________

10. Brief justification of the project:
    ________________________________________________________________________________
    ________________________________________________________________________________
    ________________________________________________________________________________

8. What is the project’s direct impact on the organization and/or population:
    ________________________________________________________________________________

9. What is the project’s direct impact on persons living with a handicap:
   ________________________________________________________________________________

10. Name of the person responsible for the project:______________________________
    Profession ______________________________ Address: B.P. _______________________
    Tel : __________________________ Email : ________________________________

11. Name of the Technical Assistant (if applicable):______________________________
    Profession ______________________________ Address: B.P. _______________________
    Tel : __________________________ Email : ________________________________
12. Have you requested assistance from other donors for this project?  
__________________________

If yes, from whom? ____________________________________________________________
What, if any, assistance are they providing? _______________________________________

13. Are there any ongoing community project(s) in the village?  
_______________________________

If yes, please describe: _________________________________________________________

14. Has the community/organization ever previously undertaken a project like this?  
_______________

If yes, what? (project, date, donors, your contribution): ____________________________
______________________________________________________________________________
________________________________________

15. Is there one or more assistance projects to refugees in this area?  
________________________________________

16. If yes, who has funded them? ________________________________________________
______________________________________________________________________________

17. 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? _____________________________________________
______________________________________________________________________________

18. 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)? _____________
______________________________________________________________________________

19. Who initiated this project for which you are seeking assistance?  
________________________________________
______________________________________________________________________________

20. How was the project conceived and developed?  
________________________________________
______________________________________________________________________________

21. Are the local authorities and/or the supervising organization aware of the project?  
__________
22. Give names and titles of persons to be contacted during a site visit:

Name: ___________________________ Profession: ___________________________

Name: ___________________________ Profession: ___________________________

Name: ___________________________ Profession: ___________________________

23. 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: ______________________

Background and Project Rationale

A. Briefly describe the context in which the project was developed, as well as the motives and objectives which justify it. Include strong arguments that demonstrate how the project intends to promote the reintegration of refugees or returnees, beneficiaries and the number of people directly affected.

B. Describe how the project meets the critical unmet needs of refugees.

Description of activities and their impacts

a. Give a detailed description of the activities.
b. Explain how and who will be implementing and managing the activities.
c. Identify potential difficulties in implementing the activities, your solution approaches and measures to tackle them.
d. Specify the probable start and ending dates of your activities.
e. Indicate whether the project impacts will bring a change in the situation of refugees in Niger.
ILLUSTRATIVE BUDGET: All proposals should use the following sample budget format.

Note: The budget must: (1) be prepared in local currency—a column is provided in the budget to reflect the dollar values— (2) include explanatory notes to the budget lines. For example, a list of people and the amounts to be paid regarding their transportation, the list of equipment to buy with an estimate of the price (to support 3 invoices pro-forma/quotes from three different suppliers) and then any other useful information that would justify the project budget. The budget must be consistent with the activities described in the project.

8. Activity Time Line