PROJECT SUBMISSION FORM
SSH 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 that all those who will participate in this project read the guidelines on the Special Self Help Program which 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. Phone 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

Please select the category that best corresponds to your project

- [ ] Income Generating Activities
- [ ] Health
- [ ] Education
- [ ] Agriculture
- [ ] Environment
- [ ] Energy
- [ ] Arts & Crafts
- [ ] Other

1. Project Title: ____________________________________________________________

2. Project Location: _______________________________________________________

3. Grant Amount requested: (Maximum 5,000 dollars) ___________________________

4. Number of Beneficiaries: total # Men # Women

# Boys # Girls #

persons living with a handicap __________________

Beneficiaries’ contribution in labor and materials: _____________________________

5. Beneficiaries’ cash contribution: (in CFA) _________________________________

6. Give a short explanation about how the community or organization intends to meet its cash and labor contribution:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Distance in km from Niamey and from the nearest town

Niamey - location (in km) : _____ Closest town : ___________________________ Km : ________

8. Brief description of the project:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
9. Time required to complete the project:

_______________________________________________________________________________

10. Brief justification of the project:

_______________________________________________________________________________

_______________________________________________________________________________

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

_______________________________________________________________________________

_______________________________________________________________________________

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

_______________________________________________________________________________

_______________________________________________________________________________

12. Name of the person responsible for the project:

_______________________________________________________________________________

Profession ________________________ Address: B.P. ________________________
Tel : ____________________________ Email : ________________________________

13. Name of the Technical Assistant (if applicable:)

_______________________________________________________________________________

Profession ________________________ Address: B.P. ________________________
Tel : ____________________________ Email : ________________________________

14. Have you requested assistance from other donors for this project?

_______________________________________________________________________________

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

15. Are there any ongoing community project(s) in the village? __________________________

If yes, please describe: __________________________

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

_______________________________________________________________________________

If yes, what? (project, date, donors, your contribution): __________________________

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

Name____________________________________________________________
Profession ___________________________________ Address: B.P. _______________________
Tel : ______________________________ Email : _______________________________________

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

_____________

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

Name : _________________________________________ Profession : ____________________________
Name : _________________________________________ Profession : ____________________________
Name : _________________________________________ Profession : ____________________________

24. 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 : _______________________

III. Summary

Provide a detailed but concise explanation of the whole project. A few questions that will help better identify the project (your answer must be detailed and not a list of items. A few suggestions:
1. how you did you come up with the project idea? (how did it inspire you?)

2. What is the project about? What do you want to do?, what do you intend to accomplish and how?

3. An explanation on how this project will be innovative in the local context (do the local authorities adhere?, the public-private partnership, variety of financing, etc...)

IV. Beneficiaries

Provide a brief description of your beneficiaries, why are they strategically important and why is your project specially designed for reach them?.

V. Project Description

Provide a brief description of your project in order to obtain maximum impact. What other indirect beneficiaries will be affected? Will there be some follow-up activities for example? Will there be pictures, videos, etc.. for online promotion and distribution?

VI. Public and Private Partners

List all partners and their cash or in-kind contributions. Public partners or private such as U.S. Government agencies, foreign government partners and other NGOs (local or international)

VII. Performance Indicators

Provide reasonable, useful and achievable performance indicators to measure the success of your project.

IMPORTANT: all applications must be submitted along with the following documents duly completed.

- Application for Federal Assistance form (SF-424)
- Budget Information Non-construction program form (SF - 424A)
- Assurances form (SF - 424B)

The Embassy will accept only the English version of these forms with accurate information. The French version of the form (SF-424) will also be attached to help you complete the document in English.

Budget: The strict use of the budget (SF - 424A) or (SF-424) is strongly recommended. Followed by a descriptive note for each budget line.

The above documents can be downloaded online on: https://ne.usembassy.gov/education-culture/development-assistance-program/
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