



SPECIAL SELF HELP FUNDS  
EMBASSY OF THE UNITED STATES  
NIAMEY, NIGER

**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 : \_\_\_\_\_

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3. DUNS Number: \_\_\_\_\_

*(Required and can be obtained on [www.grantsolutions.gov](http://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?)

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## 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:

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

Niamey - location (in km) : \_\_\_\_\_ Closest town : \_\_\_\_\_ Km : \_\_\_\_\_

8. Brief description of the project:

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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.



New SSH budget  
English-2017.xlsx

**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