

## **U.S. Embassy Accra**

### **The Ambassador's Special Self-Help Program**

The purpose of this grant program is to provide small-scale assistance to Ghanaian communities as part of an ongoing commitment by the U.S. government to support Ghanaian-driven development activities at the local level. This program is highly competitive, and funding is limited. Not all applications are awarded a grant.

***Please read the criteria below thoroughly before completing the application form.***

#### **Eligibility Criteria**

- The project must be initiated by the community and should benefit the community by increasing income or improving living or social conditions. If the project is designed to generate income, it must be truly community-based and not a for-profit enterprise or sole proprietorship, and the project must have a plan for equitable distribution of any income generated.
- Applicants must be a non-profit organization, NGO, or CBO registered with the Government of Ghana, or a community association formed at least one year before the date of application.
- The proposed project should be a single activity that helps to improve basic economic or social conditions at the community level. Projects should be administered at the community level.
- The project should be sustainable and not require continued support after the one-time contribution from the Special Self-Help Program.
- Substantial community participation is required during the project. Contributions may include labor, materials, equipment, land, buildings, or funding.
- Projects must be within the ability of the community to operate and maintain sustainably.
- All projects must be completed within one calendar year of the grant award date.
- The maximum grant submission allowed is \$12,000, converted to Ghana cedis at the prevailing exchange rate. However, it is rare that projects are funded at that amount. Projects typically range between US\$1,000 and \$10,000.

#### **Special Self-Help Program funds CANNOT be used for:**

- ⊗ Religious, political, military, law enforcement, police, or prison-related activities;
- ⊗ Personal training, research, publishing materials, or projects that solely provide trainings;
- ⊗ Costs associated with events or ceremonies, including but not limited to, alcohol, entertainment, dancers, poets, musicians, venue rental, or food and drink;
- ⊗ Administrative or recurring operating costs, including, but not limited to, transportation costs, per diem, administrative fees, rent, salaries, electric bills, or school fees;
- ⊗ Investments in personal businesses, for-profit enterprises, or sole-proprietorships;
- ⊗ Activities with unmitigated or negative environmental consequences;
- ⊗ Purchase of vehicles, office supplies, printers, copiers, computers, tablets, mobile phones, pesticides, herbicides, fungicides, surveillance equipment, luxury goods, or gambling equipment;
- ⊗ Activities that benefit any employee of the U.S. government.

**Deadline for Application Submission: April 1, 2024**

The U.S. Embassy in Accra receives hundreds of requests for support each year and funding is both limited and contingent on U.S. Congressional approval. We regret that not all projects can be funded even when the eligibility criteria and guidelines are met.

**United States Embassy Accra**  
**Ambassador's Special**  
**Self-Help Program**

**APPLICATION FOR ASSISTANCE**

Please fully respond to **all** questions in this application. Provide requested supporting documents, and email your signed application to [AccraSelfHelp@state.gov](mailto:AccraSelfHelp@state.gov) or deliver to:

Special Self-Help Program  
U.S. Embassy  
P.O. Box 194  
Accra

***Deadline for Application Submission is April 7, 2023***  
***All information provided will be verified***

ATTACH
PASSPORT
PHOTOGRAPH
HERE

Project title: \_\_\_\_\_

Project location: Town/village name: \_\_\_\_\_

District: \_\_\_\_\_ Region: \_\_\_\_\_

Name of organization applying: \_\_\_\_\_

Name of project coordinator or lead contact: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Community contact person at the project site (not the project coordinator/lead contact):

Name: \_\_\_\_\_

Mobile phone number: \_\_\_\_\_

1. Briefly (1-2 sentences) describe the project for which you are seeking assistance.

2. Briefly (1-2 sentences) describe the problem that the proposed project will solve.

3. Provide an *exact* and *detailed* description of the project, including steps taken by the community to date. Include specifications, such a number of any items required or size of structures. (*Example: 6' x 8' room, poured concrete floor with aluminum roofing sheets to house a rural women's weaving cooperative.*) Please use additional pages if necessary (Please include the name of your organization and project).

4. If construction, or completing construction, is part of the project, please provide sketches or drawings of the work **on additional pages** and provide information about who will certify the construction as sound. You do not need to provide formal blueprints. (Please include the name of your organization and project).

5. What month and year did work on the project begin? If work has stopped, when did it stop?

6. What work on the project has already been done?  
(*Example: funds raised and land given by chief, walls built to lintel level, hydrology report done*)

7. Estimate the steps needed to complete the project and time needed to reach each step.  
Please use the Optional Implementation Plan document if necessary. (Please include the name of your organization and project name).

8. Estimate the number of direct beneficiaries, people who will benefit directly from the project.  
(*Example: 50 members of village cooperative; 1,000 residents served by health clinic*)

9. If a goal of the project is to generate income, how much income do you expect the project will generate per year, and how will the income be distributed among beneficiaries?

10. When completed, will the project require any professional or technically trained staff for regular operations? If so, please indicate how they will be employed to work with the project.

11. Will the government of Ghana play any role in this project? (*Example: provide teachers*)

12. Describe the background, membership, and objectives of the organization submitting the grant application. Please provide copies of official registration documents with your application.

13. List any past or present grants, from any source, awarded to support this project or community that are relevant. Please note the year, donor, value in cedis, and purpose of grant.

14. Has the organization or community previously applied for Self-Help Funding? If so, please provide the year of application, name of project, and the result of the request.

15. Have you applied to other embassies or donor organizations for assistance with this project? If so, please list them and provide the results of your application.

16. Provide a detailed list of community contributions and estimate their value in Ghana cedis. You may use the optional budget template if necessary.

*(Example: 20 days of volunteer labor by 10 people valued at GHS 8 per day = GHS 1,600 )*

Total estimated amount of Community Contribution in Ghana cedis:

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17. Please list all professional services and items to be funded by the Special Self -Help Program. **Pro forma invoices for all items listed must be included for applications to be eligible.** (Please include the name of your organization in the proforma invoices).

Prices will be verified. The pro forma invoice total should equal the amount requested. You may use the optional budget template if necessary. (Please include the name of your organization and project name in the budget).

Total Amount Requested from U.S. Embassy in Ghana cedis: \_\_\_\_\_

18. Please list the total cost of each part of the entire project in Ghana cedis:

Community contribution (*from question 16*): \_\_\_\_\_

Requested U.S. Embassy contribution (*from question 17*): \_\_\_\_\_

Other contributions total: \_\_\_\_\_

**Total project cost:** \_\_\_\_\_

19. Do you agree to be responsible for the cost of arrangements and transportation of items to the project site?

20. How is the project coordinator or lead contact qualified to undertake this project?

21. Do you agree to meet reporting deadlines and requirements as requested by the U.S. Embassy?

22. Will records and receipts for all purchases be kept for at least three years and be made available for inspection by U.S. Embassy staff?

23. Will U.S. Embassy staff be permitted to observe and evaluate the progress of the project?

24. If selected for a grant, do you agree to sign up for a System of Award Management account at [www.sam.gov](http://www.sam.gov) and acquire a unique entity ID number?

*(Do not sign up for an account until specifically directed by U.S. Embassy staff.)*

25. Do you acknowledge that any Special Self-Help Program contribution will be one-time only, and if the project falls short of funds or requires additional funds due to unforeseen circumstances, additional funding must be raised from sources other than the U.S. Embassy?

26. If the project involves a school or health clinic, it must be accompanied by a letter of support by the District Education or Health Office responsible. Is a letter of support required for your project?

27. How did you learn of the Ambassador's Special Self-Help Program?

28. Please provide directions, a map on an additional page, GPS coordinates (*Example: 5°34'44.4"N, 0°10'11.6"W*), or GhanaPost digital address for the project site to be used if you are selected for a site visit. You may use an additional page if necessary if drawing a map. (Please include the name of your organization and project in the map).

**Important: Applications must include the following items to be eligible for consideration:**

- ☐ **A passport-size photograph on the first page in the space indicated.**
- ☐ **Pro-forma invoices for any requested items or professional services.**
- ☐ **Signed and completed application form.**
- ☐ **Copies of documentation confirming your organization is registered in Ghana.**
- ☐ *(if applicable)* **Letters of support from district health or education office.**
- ☐ *(if applicable)* **Optional additional pages, budget template, implementation plan, or map**

**Do not submit original documents with your application. Submissions will not be returned.**

*I certify that I have reviewed the eligibility criteria and that all information contained in this form is correct to the best of my knowledge. Any attempt to provide false information shall result in the disqualification of this application.*

Printed Name of person completing form: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_