

*****IMPORTANT*****
READ & UNDERSTAND BEFORE APPLYING FOR
A SELF-HELP GRANT.

ACCOUNTING PROCEDURES FOR SELF-HELP GRANT MANAGERS

Dear Grant Manager:

As stated in your agreement, your organization is responsible for accounting and administration of the program. Your group will order and procure all goods. Payment is made by the Self Help Office **after delivery has been made with direct payment to vendors based on a final invoice**, or by reimbursement to the you for payments you have made on behalf of the project with your own money. We no longer process Pro Forma Invoices. You must obtain a *Final Invoice*.) Processing of payments requires **four to six (4-6) weeks**. Cheques are sent directly from USAID, Lilongwe to the vendor or person being paid, or may be picked up in person at the USAID cashier's office. **Unless you instruct us otherwise, cheques will be mailed to the payee via Registered Mail.** The payee will be required by the Post Office to produce positive identification in order to take possession of a registered item. The payee is also required to provide identification when collecting cheques in person at USAID. The cashier is open on Monday - Friday mornings between 9:00 a.m. - 12:00 noon.

As grant manager you must:

1. Submit original, signed invoices or cash sales receipts for goods or services received to the Self-Help Office.
2. Write "goods received" or "services received"-- whichever is appropriate -- on each invoice or receipt, and sign your name. Include your IAA Number on every invoice or receipt and in all correspondence with the Self-Help Office.
3. If you are requesting reimbursement for cash purchases or payments made with your own money, you must submit a receipt to our office. Receipts should clearly state the name of the vendor/service provider and include signatures from both the vendor/service provider and the grant manager.

§ *If you pay for goods or services with a personal cheque, you must present the original, canceled cheque in order to get reimbursed. (We will return the cheque to you.)*

§ *Self-Help Fund cheques are stamped "payee only", therefore the recipient (vendor or service provider) must have a checking account. As the grant manager, it is important that you select vendors and service providers who can accept cheques. If this is impossible, please discuss other payment procedures with the Self-Help office.*

4. You have six (6) months in which to make purchases and one (1) year to send the documentation for reimbursement of claims. This policy will be adhered to and after the one year, all remaining funds will be withdrawn.
5. We do not advance funds to projects
6. We do not provide cash payments
7. This grant is coming from the American people. Their government reserves the right to repossess any assets funded under this program and that are under threat of seizure for personal use or gain.

U.S. AMBASSADOR'S SPECIAL SELF-HELP FUND

The American Embassy funds a variety of projects each year, with an objective to obtain geographical diversity in project selection. Projects for which women and girls are the primary beneficiaries are encouraged. We do not consider individual projects. We will not provide funding for any project that exceeds \$25,000.

Criteria

- § Projects should aim to improve the basic economic and social conditions of the village or community and should benefit the greatest number of people possible.
- § The project initiative should come primarily from community action but it can be sponsored and assisted by institutions, associations, government, or other sources outside the community.
- § Projects must involve a self-help contribution of labor, material, and/or money freely given by members of the local community. This contribution should be worth at least 25 percent of the total project value. Failure of the community to provide their stated contribution will result in immediate termination of the agreement. Contributions by government entities are not considered to be community contributions.
- § The community must be able to operate and maintain the project over its intended life. The U.S. Government's support for the project must be a one-time-only contribution.
- § Projects must be completed within one year.

Elements of successful projects

- < Pre-established long-term goals and a coherent plan to keep the project running in the future.
- < Presence of a capable project manager who is a long-term resident in the community.
- < Assistance of a non-biased umbrella organization, such as a religious mission or a local NGO that will provide guidance and arbitration on issues when necessary.
- < Coordination and communication among the grant-recipient group, local leaders and local government representatives.
- < Use of materials and supplies that can be maintained by the community, and the use of materials that will not harm the environment.

Examples of acceptable projects/expenditures:

- X *Construction Projects* - which serve a large community including, but not limited to, community centers, health facilities and bridges.
- X *Water Related Projects* - wells, latrines, pumps, boreholes, dams, drainage systems and irrigation systems.
- X *Durable Equipment* - desks, chairs, laboratory equipment and library items.
- X *Income-Generating projects* - fishponds, oil presses, weaving looms, brick-making machines, agricultural machinery, tools for furniture making and agri-business projects.
- X *Other* - environmental and wildlife conservation projects.

Non-eligible Expenses - religious, refugee, personal business, police or military projects; recurring expenses such as salaries, scholarships; motor vehicles; office supplies, sports equipment, drugs, fertilizers and pesticides; remodeling or renovation due to lack of maintenance, revolving loan funds and seed money. We do not provide money for donations, allowances, overhead, or other administrative costs. Funds cannot be commingled with funds from other donors.

U. S. AMBASSADOR 'S SPECIAL SELF-HELP FUND
Application for Financial Assistance

1. **Name of Project:** _____

2. **Type of Project:**
Construction _____ Income Generating _____
Environment _____ Water _____
Equipment _____ Other (specify) _____
3. **Location of Project: *Please include a small map showing exact location.**
Region _____ District _____ T. A. _____
Village(s) _____
4. **Sponsoring Organization or Agency (if any):** _____

- 5a. **Project Contact** (This is usually the person who will serve as the Project Manager):
Name: _____
Title: _____
Address: _____
Plot No. _____ / _____ **and P.O. Box** _____
Phone: _____ **E-Mail:** _____
- 5b. **Will This Person Serve as the Project Manager?** ____Yes ____No
If Not, Who Will? _____
Please include all contact information for the Project Manager. _____

6. **What Local Committee or Agency Will Supervise This Project?**

7. **Who Will Manage the Budget and Buy the Materials / Equipment?**
Name & Organization: _____
Title: _____
Address: _____
Phone: _____ **Fax:** _____

8. **Describe the Project:** Include a short description of what the project entails, exactly what you will do with the Self-Help funds and a brief explanation of why this activity would be useful to the community. Attach anything necessary to explain the project, such as building plans, specifications of equipment, photos, maps, drawings, etc.

How Long Will it Take to Complete the Proposed Project? _____

Estimated Starting Date: _____

Estimated Date of Completion: _____

9. **Has This Project Ever Received Funds From Any U.S. or Other Donor?**
Yes___ No___ If yes, state the date, amount received, name of donor and item(s) funded:

10. Has this proposal been submitted elsewhere for possible funding? Yes___ No___
If yes, state the name and contact address of the organization(s) or donor group(s)

11. **Does This Project Have a Peace Corps Volunteer Involved With It?**
Yes___ No___ If yes, Name the Peace Corps Volunteer _____

12. **Does This Project Have a Member of Parliament Involved With It?**
Yes___ No___ If yes, Name the M.P. _____

13. **Who Are The Beneficiaries?** _____
Estimated number _____

14. **Value of Local Contributions:** List the estimated value (in MK) next to materials or services your community will give to the project. **Do not** include items that will be financed by the Ambassador's Special Self-Help Fund.

Bricks (how many): _____

Sand: _____

Stones: _____

Timber: _____

Other (list specifics, i.e. land, food, training): _____

Value of self-help unskilled labor: _____

Value of self-help skilled labor: _____

Cash Contributions: **MK** _____

What is the source of this cash? _____

15. **Total Contribution of Community: MK** _____

- 16. Items and Expenses to be Financed by the Ambassador's Special Self-Help Fund:**
 Please quote actual prices at the time of application in Malawi Kwacha. It may be helpful to consult vendors for accurate materials lists, quantities, and prices.**

<u>Items (materials / services)</u>	<u>Quantity</u>	<u>Price per Item</u>	<u>Total Amount</u>

**If you require additional space to list materials/services, do so on the back of this page.

Total Cost of Materials & Services - MK _____

17. Financial Calculations:

A. Value of Local Contributions: MK _____
 (Bring forward the total from item 15)

B. Cost of Other Materials and Services: MK _____
 (The total from item 16 = amount requested from the Ambassador's SSH Fund)

C. Total Cost of Project: MK _____
 (A + B = Total Cost)

D. Percent of Project Contributed by Community: _____
 (A / C = %)

18. Grant Request: MK _____
 (Should equal total from item 16)

19. **Please Enlist the Support of at Least Two Local Authorities.** (for example, Traditional Authorities, Chief Executive Officer/District Commissioner, Community Development Assistant, Member of Parliament, etc.) The authorities should be appropriate to the kind of project being proposed. These signatures indicate that the authorities:
- 1.) Are informed of the plans in this proposal;
 - 2.) Approve of these plans;
 - 3.) Attest that it is a valid plan put forward by a legitimate organization; and
 - 4.) Are pledging their support to the project.

Local Authorities Recommending the Project:

1.) **Name** (please print clearly) _____

Title _____

Address _____

Signature _____ **Date** _____

2.) **Name** (please print clearly) _____

Title _____

Address _____

Signature _____ **Date** _____

Important: Applicants are requested not to send their applications via multiple routes. In the interests of making the most cost effective use of funds and resources, we are only able to respond to applicants whose project proposals are short-listed for pre-selection site visits. Applicants who do not receive any feedback from the Self-Help Fund within three months should consider their applications unsuccessful.

Send Application, Map and Directions To:
(*You may need to include directions to a meeting point.)

AMBASSADOR'S SPECIAL SELF-HELP FUND
EMBASSY of the UNITED STATES of AMERICA
P.O. BOX 30016
LILONGWE 3