(Note: Applicant to fill blank boxes, ADF Staff will update shaded areas (NA) after the site visit). Name of Country: Project: **Estimate of Local Currency:** NA Investment Type: U.S. \$ equivalent: NΑ **Funding Request:** NA **Length of Project** NΑ NA **Exchange Rate:** (months) **Legal Name of Applicant:** Other Names Applicant is known by or does business as: **Legal Status of Applicant: Date of Registration: Date of Business Commencement:** For Enterprise: # of Full Time Male NΑ Female NA Total NA **Employees** For Enterprise: # of Part Time NΑ NA NA **Employees** For Enterprise: # of Farmers or Male NΑ **Female** NA Total NA **Enterprises Supplying Raw Materials Applicant Contact Points:** Name of Primary **Contact:** Position: Telephone: Fax or E-Mail: **Location of the Organization/Business:** Physical Address: Mailing Address: City or town [if urban]: Village [if rural]: Nearest Town [if rural]: **Grant Date Event:** App. Rcvd. **Date** NA NA **SIGN-OFF** Organization Title Date Name ADF Program Coordinator NA NΑ NA ADF Partner Organization Regional Program Director NA NΑ NA I understand that a material misstatement or the omission of material facts may stop the United States African Development Foundation from providing funding, may require the termination of any funding that is awarded, and may give cause for legal action by the Foundation. I confirm that I have necessary authority to act for and on behalf of the company in making the foregoing statements and that they are correct, to the best of my knowledge and belief, and that no statements of fact are omitted from this questionnaire which are necessary in order to make the statements herein not misleading. Applicant

**NOTE TO APPLICANT:** The Project Funding Application includes four sections below:

- A. Organization Information
- B. Current Financial Situation
- C. Project Proposal Information
- D. Supporting Documents

Please follow this outline in developing your application request. The answers to the questions below **should not exceed 10 pages.** If your application is accepted, additional details will be required.

A.	ORGANIZATION INFORMATION
1)	The organization was established in (year) , by (names of people involved)
	Date of Legal Registration (Month / Day / Year)//_200_
2)	The purpose of the organization is to
3)	The primary activities, services, or product the organization provides includes:
4)	In the next three years the main goal for the organization is to
5)	The organization's operating income comes from
	The main way the organization sells its products / services is
6)	Benefits of the organization are shared among members by
7)	The organization helps the poor, underserved, or marginalized groups in the community by

8) If appli	cable, describe the <u>Ownership</u> Stru	acture:	
List of Own	ers or Founders		
Elst of Own	Name	Citizenship	% Ownership
			•
9) Describ	be the <u>Governing</u> Structure:		
List of Boar	d Members or Executive Committee	ee	
	Name	Citizenship	Title
	he the Management Structure: agers and Senior Staff		
	Name	Qualifications	Years with Organization
	ganization is made up of ng requirements are needed for me		male female). The
_			
-			
12) The org	anization's main achievements fo	r the past three years are:	
Year	Achievement 1	Achievement 2	Achievement 3
2006			
2007			
2008			

#### **B.** CURRENT FINANCIAL SITUATION

1)	List the value and type of major assets owned by the organization (such as money in the bank, credit owed
	by buyers, members' dues, equipment, building, land, etc.).

Asset Type	Value

Other:

2) List any loans (amounts, term, provider), and other liabilities attached to the organization?

Loan Type	Value	Balance Due

Other:

3) List all sources, amounts, and dates of any donor, government or other outside funding received. Have you requested any other funding (grants or loans) support from other donors, NGOs, government, private companies, or banks that are still being considered? If yes, please list details (Name of donor, date of decision, type, amount)

Donor Name	Date	Type (Loan / Grant)	Value

Other Funding Requested:

Donor Name	Date	Type (Loan / Grant)	Value

- 4) Does the organization have financial statements for the past two years of operations? Yes / No Are these audited? Yes / No
- 5) Does the organization have an accountant or bookkeeper? Yes / No What are their qualifications?

# C. PROJECT PROPOSAL INFORMATION

1)	What major	problem or opportunity does the organization face? Why is the project needed?
2)	Provide a br	rief summary of the proposed project (50 words or less).
3)	List the prin	nary activities that must be completed for success?
4) - -	What are the	e expected results of this project?
5)	What will be	e the economic and social Benefits for:
В	eneficiary	Primary Economic / Social Benefit
The		•
Org	anization	
The	mbers	
The		
The		
Ow:	Describe ho	w the organization identified the need for this project. Describe who participated in putting approving this proposal.
7)	Estimate the	e project budget needed for the project to be successful.
	Local Curre	ncy Amount Local Currency Name
	(Attach a pr	oposed budget).

8)	What will the organiza	tion contribute to the project	t (e.g. money, land, labor, exis	sting infrastructure, etc)		
9)	Will any other groups organization and the na		hnical support for this project	? If so, list the		
D.	SUPPORT DOCUME	NTS				
	addition to the funding our application.	proposal information abo	ve, you must ATTACH THI	E FOLLOWING ITEMS		
	Proposed Budget (list e	each major item, cost, and w	hen needed)			
	Copy of your registrati	on documents.				
	Copies of at least the past two years' financial statements (audited statements and management letter, if available).					
	Three references that c	an verify the financial integr	rity, reliability and usefulness	of your organization.		
	Name Relationship Telephone E-mail					

	Name of Project	
	•	Costs
Category	Description	in Local Currency
A	INFRASTRUCTURE	
A.1		
A.2		
	Sub-Total	
	Sub Total	
В	EQUIPMENT PURCHASES	
B.1	EQUI MENT TORCHASES	
B.2		
<b>B.</b> 2		
	Sub-Total	
	Sub-10tal	
C	WODKING CADITAL / INDUTS	
C.1	WORKING CAPITAL / INPUTS used for:	
C.2	used for:	
<u> </u>		
	Sub-Total Sub-Total	
D	TRAINING	
D.1		
D.2		
	Sub-Total	
E	TECHNICAL ASSISTANCE	
E.1		
E.2		
	Sub-Total	
F	ADMINISTRATIVE SUPPORT	
F.1		
F.2		
		5
<u>:</u>	Sub-Total	
	Sub-10tal	
		10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Grand Total	
	Grand Total	