



EMBASSY OF THE UNITED STATES  
**MASERU • LESOTHO**

# U.S. Ambassador's HIV/AIDS Community Grants Application for Funding

U.S. Embassy  
Special Projects Office  
P.O. Box 333  
Maseru 100  
Lesotho  
Tel: (266) 22-312-666  
Fax: (266) 22- 310-116

### Contact Information

Name of Organization: \_\_\_\_\_

Name of Project Coordinator: \_\_\_\_\_

Telephone/ Cell (*very important*) \_\_\_\_\_ Fax: \_\_\_\_\_

Alternate contact numbers: \_\_\_\_\_

E-mail address (*if any*): \_\_\_\_\_

Nearest city/town: \_\_\_\_\_ Traveling time to your project from this city/town: \_\_\_\_\_ hours

Postal Address: \_\_\_\_\_ Postal Code \_\_\_\_\_

Physical Location (*see also next page\**): \_\_\_\_\_ District: \_\_\_\_\_

### Project Description

What month and year did your project or organization start? \_\_\_\_\_

How many caregivers work in your project? \_\_\_\_\_ How many people are active in the project? \_\_\_\_\_

Description of your organization and project: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Community Contributions

*What has the community contributed to the project? Please be specific and give examples.*

Community cash contributions: \_\_\_\_\_

Other community contributions: \_\_\_\_\_

List other contributors, including Ministry of Health & Social Welfare, and amounts already given or promised:

\_\_\_\_\_  
\_\_\_\_\_

Has your organization ever received funding from the U.S. Government? Yes \_\_\_\_\_ No \_\_\_\_\_

(*If yes, please include the amount and the purpose for the funding*) \_\_\_\_\_

## Project Costs

Amount requested from the *United States Community Grants Program*:

- M \_\_\_\_\_ training for members
- M \_\_\_\_\_ to purchase material/equipment for \_\_\_\_\_
- M \_\_\_\_\_ awareness activities/campaigns in community
- M \_\_\_\_\_ to pay services for \_\_\_\_\_
- M \_\_\_\_\_ stipends
- M \_\_\_\_\_ rent
- M \_\_\_\_\_ telephone
- M \_\_\_\_\_ transportation
- M \_\_\_\_\_ to pay for other (*specify*) \_\_\_\_\_

**Total:** M \_\_\_\_\_

Briefly explain what the requested funds will be used for:

---

---

---

---

## Measurable Results

*What measurable results did your program achieve last year?*

*See **Project Guidelines** for more information on Measurable Results.*

Number of children served: \_\_\_\_\_ Number of patients cared for: \_\_\_\_\_

Number of community members educated with HIV/AIDS Prevention & Awareness last year: \_\_\_\_\_

Other (specify): \_\_\_\_\_

---

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **For your application to be considered, you MUST attach the following documents:**

1. A detailed **history** of your organization and project stating when it started, what has been accomplished, what you have done for the community, and how the community supports you
2. A copy of your **constitution**
3. A **list of committee members** with their names, addresses, and phone numbers
4. A **map** showing how to get to your project from a major road\*
5. Copy of project **bank account details**, if available
6. Proof that the project has its own land (in the name of the project) or permission to occupy the land, e.g. signed **lease agreement** or **land deed**
7. If project is a residential facility, a copy of your **registration** from the Department of Social Development.

**Please note there is an extremely high demand for financial assistance and Community Grant funds are limited. Incomplete applications will not be considered.**

**You may provide additional information supporting your application.**