PROPOSAL FOR ONE-OFF GRANT OF USD$9000 FOR WATER AND SANITATION PROGRAM IN ZAMPET COMMUNITY OF GARRAM DISTRICT

I am pleased to have this opportunity to contact your organization on the above subject.

The **Augustine Guse Foundation** is an accredited organization established in 2009 to address the need of grassroots people. It was registered with the Corporate Affairs Commission in March 2009. CAC No. 31719 [attached is the Certificate of Incorporation]. Its website [ <http://www.augustinegusefoundation.org> ]is being constructed and hosted by David White of Smooth Stone Services [Computer Technical Support, IT Services, & Web Hosting Solutions for Nonprofit Organizations, <http://www.smoothstoneservices.com> , david@smoothstoneservices.com, 864-640-1329]

**Augustine Guse Foundation** has six members in the executive council and five volunteers. Nationally, it can work and undertake project in any part of Nigeria.

We are pleased with your organization objects which is making grants for GENERALLY CHARITABLE PURPOSES PARTICULARLY A) MEDICAL RESEARCH AND EDUCATION B) THE WELFARE OF THE POOR, AGED AND SICK.

 This fits into the mission and objects of **Augustine Guse Foundation** as below:

The **Augustine Guse Foundation** is dedicated to fighting illiteracy and promoting peace, development and better and healthier lifestyles in Nigeria. **We set up this NGO to carry out programs and activities to promote social, economic and cultural understanding and cooperation within communities and among people of different faiths and beliefs.**

**AIMS / OBJECTS**

1. **Advancement of Education,**
2. **Poverty alleviation,**
3. **Youth empowerment,**
4. **Advancement of primary health care,**
5. **Undertake micro-credit programs,**
6. **Giving hope to the needy: Orphans, Widows and vulnerable children.**
7. **Provide Rehabilitation services to needy persons.**

We are requesting for the sum of USD$ 9000 to undertake a water project in Zampet Village, Garram District of Kangke LGA, Plateau State. We would like to give this community of 3000 poor people a Borehole. The population in this community lack access to any form of improved water supply within 1 km of their homes. Waterborne disease is a major threat to their children and community affecting their poor economic base.

The people of Zampet Village of Garram Community, Nigeria have been hard hit by economic and health care difficulties since independence from Britain in 1960. **The literacy rate in the Community is very low.** Less than 20%of the children in the village attend school and adult literacy rate is less than 20%. The unemployment rate for women in is extremely high. The female population of the community is approximately 1500 women.

The people are mostly poor subsistence peasant farmers with little or no government assistance in this program. The economic conditions of the people is not encouraging, for only few of them have food security, there are no Savings /Loan Giving Groups, very few families have some income generating source such as micro-enterprises.

We want to drill a bore hole fitted with a hand pump for this community. Future, ongoing support for the project will be supplied by the community which will continue to maintain this project. The community has agreed to pay for the costs of maintaining the equipment. Every household has agreed to pay a monthly water rate of **N** 100 [$0.67] monthly per household for the cost of maintaining the borehole. With our average household of 300 the sum of **N** 30000 [$200] will be raised per months and **N** 360000 per annum [$2400 ] for the maintenance and sustaining the borehole.

 Water and sanitation is a public health problem of children in this Community, your organization’s implementation of this program will help the community to prevent the contamination in their water supply, thus helping to eliminate the possible spread of infection. This will make people healthier so that they can lead more productive and fulfilling lives.

**Gender is central to water problem in the Community because:**

1. Women, and to a lesser extent children are primarily the ones who draw water for household use, transport it home, store it until it is used, and use it for cooking, cleaning, washing, and watering household animals.

2. Women and children negotiate with their neighbors’ for access to water supply, evaluate water sources, analyze supply patterns, lobby relevant authorities, and launch protests when water availability reaches dire levels.

3. Women and children in the community usually spend up to 6-8 hours a day collecting water; this often consume up to a third of daily caloric intake. Most of this water is fetched from outside their households. We have found out that women spent over four hours a day gathering fire wood as fuel and water.

4. More than 50% of the primary school age girls are not in school or go to school late because of fetching water.

5 .Many infectious diseases are associated with poor water quality. Women bear the primary burden of caring for the sick in the Community.

The combination of safe drinking water and hygienic sanitation facilities is a precondition for health and for success in the fight against **poverty, hunger, child deaths and gender inequality**. It is also central to the human rights and personal dignity of every woman, man and child on earth. Yet people in these communities lack even a simple ‘improved’ latrine. One person in six – of our fellow human beings – has little choice but to use potentially harmful sources of water.

Every year there are many deaths in our communities related to unsafe water, sanitation and hygiene, mainly through infectious diarrhea. The vast majority of these deaths are children under the age of 5. These cases of diarrhea annually mean that poor water; sanitation and hygiene are one of the leading causes of death and disability in these communities.

Sanitation is the most important medical advance since 1840, according to a reader survey in the *British Medical Journal*. Improved sanitation reduces cholera, worms, diarrhoea, pneumonia and malnutrition, among other maladies, that cause disease and death in millions of people. Today 2.6 billion people, including almost one billion children, live without even basic sanitation. Every 20 seconds, a child dies as a result of poor sanitation. That’s 1.5 million preventable deaths each year.

**General objective of our project :** To Reduce the number of cases of waterborne diseases.

The long term aim and goal of this project is straightforward. To have portable water helps in the fulfilment of the MDGs for communities in Garram. For example **the International Millennium Development Goal1: To eradicate extreme poverty and hunger. Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day and** Target 2: To halve the proportion of people who suffer from hunger by 2015. We want these to be fulfilled for these communities through the assistance of faithful and dedicated organizations like your organization that is ready to focus on the most neglected rural areas.

**1. To make water safe for the community,**

 2. To make homes free from water related diseases.,

3. To prevent the deaths of young children caused by unsanitary conditions and water-bone diseases,

 4. To make the people healthier so that they can lead more productive and fulfilling lives.

Generally ,improved water, sanitation and hygiene will contribute greatly to human development in the communities by:

Reducing the health burden of waterborne and water washed diseases.

 Reducing the time taken off work (or school) by ill people and their carers.

 Improving nutrition due to reduced loss of nutrients through diarrhea.

 Reducing the time and effort spent, normally by women and children, to carry water from distant sources. Hence making time for other activities such as children's school attendance and adult' income generation.

Improving people's self worth and social status.

Improving privacy and dignity, especially for women

**The Augustine Guse Foundation, agree to accept responsibility for the operation and technical conduct of this project and to keep our donors informed of the project’s progress and completion. We will accomplish this by providing written reports [including the submission of receipts, invoices of purchases on the project’s progress, photos].**

**Thanks for** your time, attention and the anticipated positive **assistance to us.** We look forward to your response.

Attached is our certificate of incorporation.

 Yours Sincerely,

Mrs. Jane Pepo Jidima

Secretary,

The Augustine Guse Foundation

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