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| **APPLICATION FOR JAPAN’S GRANT ASSISTANCE FOR****“*GRASSROOTS HUMAN SECURITY”* PROJECTS** |
|  |
| 1. Basic Information |
| (1) Project Title | The Project for  |
|  |   |
| (2) Name of Recipient of Project |  |
|  |   |
| (3) Total Project Cost  | US$  |
|  | \  |
| (4) Sector | Please select the most relevant sector from the following 5 options. 1. education/research, 2. health, 3. agriculture/fishery, 4. people’slivelihood/environment, and 5. telecommunication/transportation |
| (5) Duration of Project | From month/year to month/year |
| 2. Project Details |
| 1. Background and Justification (= Current Situation and Problems in the Area under the Jurisdiction of the Applicant)

(2) Objective(s)/Goals of Project(3) Output(s) of Project (4) Intended (Target) Beneficiaries  |
| (5) Expected Effects of the Project (Please describe the relation between the project and the objectives, and how the project would contribute to the accomplishment of the objectives.)(6) Mode of Implementation/Managerial System (7) Devices for Cost Recovery to Sustain Project \* GGP Fund cannot accommodate such expenses as consumable goods (stationery, fuel, etc.) Beneficiaries may have to pay for their use of donated equipment/facilities to cater for the need for operational cost.(8) Counterpart’s Readiness to Finance Contingencies (9)　Supplementary Information |
| 3. Total Project Cost (Maximum of US$ 92,592 = \ 10,000,000 in 2022 Fiscal Year) |
| (1) US Dollar Value | US$ |
| 　　Japanese Yen Value | \ |
| (2) Foreign Exchange Rate  | US$ 1.00 ＝\ 108 (2022 Fiscal Year Rate) |
| (3) Breakdown of the goods (equipment, materials, etc.) / services which you intend to purchase by the GGP fund. <Budget Component>

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| Item | Amount (to be Covered under GGP fund) | Counterpart’s Cost Sharing | Reasons for application for provision |
|  | $ | $　　　　 |  |
|  | $ | $　　　　 |  |
|  | $ | $　　　　 |  |
|  | $ | $　　　　 |  |
|  | $ | $　　　　 |  |
|  | $ | $　　　　 |  |
|  | $ | $　　　　 |  |
|  Total Amount  | $ | $　　　　 |  |

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| 4. Information on Recipient (Counterpart) of Project  |
| (1) Name of Recipient |  |
| 1. Name of Applicant (Focal Point)
 |  |
| (3) Post Title  |  |
| (4) Address  |  |
| (5) Phone/Fax No. /E-mail  |  |
| (6) Attribute of Organization | Please select the most relevant one out of the following 7 options. 1. Local NGO, 2. International (Multinational) NGO, 3. Local Autonomy, 4. Medical Institution, 5. Educational Institution, 6. Governmental Organization, and 7. Other (specify) |
| (7) Year of Establishment  |  |
| (8) Number/kinds of Staff  |  |
| (9) Financial Status | Please describe: 1. Amount/sources of revenue and expenditure (of FY2019 & FY2020), and 2. Any excess in the most recent fiscal year.  |
| (10) Has your organization received any financial/　technical assistance from foreign governments, inter- national organizations or NGOs? (If yes, please describe the content of the assistance.) |  |
| (11) Project Site (location) |  |
| (12) Are 3 Quotations obtainable from 3 suppliers? (If not so, please clarify its reasons) |  |