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