

**APPLICATION FORM
FOR
JAPAN'S GRANT ASSISTANCE FOR GRASSROOTS
HUMAN SECURITY PROJECTS**

1. APPLICANT

(1) Name of the Applicant

(2) Address

(3) Phone Number

Fax Number

(4) Responsible Individual

(Name)

(Title)

- (5) Has your organization received any financial/technical assistance from foreign governments, international organizations or NGOS?
(If yes, please describe the contents of the assistance.)

- (6) Please answer the following questions, according to the nature of your organization.

(a) Non-Governmental Organization (NGO)

- (i) Year of Establishment

- (ii) Number of Staffs

- (iii) Purpose of Establishment

- (iv) Main Activities

(b) School or Research Institute

(i) Year of Establishment

(ii) Number of Teachers (Researchers)

(iii) Number of Students

(iv) Subject of Research

(c) Hospital or Other Medical Institute

(i) Year of Establishment

(ii) Number of Doctors

(iii) Number of Nurses

(iv) Number of Beds

(v) Medical service given in your hospital/institute

(d) Local Government

(i) Population

(ii) Budget size (Each Fiscal Year)

(iii) Current situation and problems in the area under the jurisdiction of the applicant

(e) Governmental Institute (Department)

(i) Number of Personnel

(ii) Authorities and Duties of the Applicant

If there are certain documents or booklets introducing your organization, please attach to this form.

2. PROJECT

(1) Title of the Project

(2) Project Site (Including the distance from nearest well-known town)

(3) Objectives of the Project

(4) Outline of the Project

(5) Estimated population that would be benefited by the project

(6) Expected Effects of the Project

(Please describe the relations between the project and the objectives, and how the project would contribute to the accomplishment of the objectives.)

(7) Estimated Cost of the Entire Project

Please attach breakdown of the goods/services which you intend to purchase by the GGP fund.

(8) If you are applying GGP for a part of the project, how will you finance the other costs?

(9) Duration of the Project

From _____ To _____
(month, year) (month, year)

Please attach the following documents to this form:

(If they are not available, please provide the equivalent information to our embassy/consulate-general staffs.)

- Maps showing the project site
- Design specification of the project
- Written estimates of the goods/services from three suppliers

Date _____

Name _____

Title _____

Signature _____