

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

**1. APPLICANT**

**(1) Name of the Applicant**

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**(2) Address**

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**(3) Phone Number**

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**Fax Number**

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**(4) Responsible Individual (Authorized Individual to sign the Grant Contract)**

**(Name)**

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**(Title)**

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

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

**(a) Non-Governmental Organization (NGO)**

**(i) Year of Establishment**

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**(ii) Number of Staffs**

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**(iii) Purpose of Establishment**

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**(iv) Main Activities**

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**(b) School or Research Institute**

**( i ) Year of Establishment**

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**( ii ) Number of Teachers (Researchers)**

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**( iii ) Number of Students**

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**( iv ) Subject of Research**

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**( c ) Hospital or Other Medical Institute**

**( i ) Year of Establishment**

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**( ii ) Number of Doctors**

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**( iii ) Number of Nurses**

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**( iv ) Number of Beds**

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**( v ) Medical service given in your hospital/ institute**

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**( d ) Local Government**

**( i ) Population**

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**( ii ) Budget Size (Each Fiscal Year)**

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

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**( e ) Governmental Institute (Department)**

**( i ) Number of Personnel**

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**( ii ) Authorities and Duties of the Applicant**

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If there is certain document or booklet introducing your organization, please attach to this form.

## **2. PROJECT**

**(1) Title of the Project**

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

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**(3) Objectives of the Project**

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**(4) Outline of the Project**

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

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**(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.)**

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**(7) Estimated Cost of the Entire Project**

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**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?**

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**( 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 with our embassy/consulate-general staffs.)

- Concept chart of the project
- Maps showing the project site
- Floor plan of the buildings(if the objective of the project is construction of buildings etc.)
- Design specification of the project
- Written estimates of the goods/services from three suppliers

Date \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_