**APPLICATION FORM FOR**

**JAPAN'S GRANT ASSISTANCE FOR GRASSROOTS HUMAN SECURITY PROJECTS（THE GGP/KUSANONE）**

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| 1. **General information of the applicant** | | | | | | | | | |
| 1. Date of application | | |  | | | | | | |
| 1. Name of the applicant organization | | |  | | | | | | |
| (3) Year of establishment | | |  | | | | | | |
| (4) Contact person | | | Name | |  | | | | |
| Title | |  | | | | |
| Phone | |  | | | | |
| E-mail | |  | | | | |
| (5) Type of the applicant *If you are a government aided organisation, please indicate so in parentheses.* | | | | | | | | | |
| National NGO Local NGO/CBO International NGO Local government  Medical organisation ( ) Educational organisation ( )  Agricultural organisation ( )  International organisation Other ( ) | | | | | | | | | |
| (6) Personnel *Please include also the number of staff, members, their job descriptions, etc.* | | | | | | | | | |
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| (7) Main activities *Please describe the activities of your organization.* | | | | | | | | | |
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| (8) Previous projects implemented and the source of fund (up to 3 projects in chronological order)  *If you have experience in implementing projects similar to the one applying to GGP, please list them in priority order.* | | | | | | | | | |
| Year | Name of Donor | | Item | | Grant Amount | | | | Contacts |
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| (8) Relationship with Japanese organisations (if any) | | | | | | | | | |
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| 1. **Project** | | | | | | | | | |
| 1. Title of the project *Please write the Title of the Project as shown in the Concept Paper Example on the website.* | | | | | | | | | |
|  | | | | | | | | | |
| 1. Estimated budget   *Both USD and UGX* | | **USD** | | | **UGX** | | | | |
| 1. Project site(s) | | Region | | | Northern Eastern Western Central | | | | |
| District | | |  | | | | |
| Sub County | | |  | | | | |
| Address  (Including street number, Road and Village) | | |  | | | | |
| Google Map Pin | | |  | | | | |
| 1. Collaboration with other organizations | | ( )  *Please list the name of the organisation in parentheses if you have a plan to collaborate with other organisation(s) for the implementation of this project.* | | | | | | | |
| 1. Background of the project | | *Please check the box on the left if you attach additional supporting documents for reference.* | | | | | | | |
| *Describe the following points. If necessary to provide details, please prepare a separate reference document.*  *1. Socioeconomic situation in the target region.*  *2. Development challenges faced by the population of concern and the gap of development needs potentially filled by the items and/or services procured by the GGP grant.*  *3. Existing and/or past efforts made by the applicant to address the challenges stated above. Please indicate why the issue remains unresolved after addressing them and why you need assistance of the GGP/KUSANONE .* | | | | | | | | | |
| 1. Areas of projects and estimated number of beneficiaries \*Fill in the Blanks. | | | | | | | | | |
| **(Education Project)**  Total number of classrooms: ……………  Current number of students: ……………  Number of students in recent three years  Year: ………… No. of Students …………  Year: ………… No. of Students …………  Year: ………… No. of Students …………  Distance from the nearest school..……....km | | | | | | **(Health Project)**  Catchment population: ……………  Number of patients in recent three months  Month: ………… No. of Patients …………  Month: ………… No. of Patients …………  Month: ………… No. of Patients …………  Distance from the nearest health facility …..km  Level of the medical institution: …… level | | | |
| **(Water Project)**  Estimated number of beneficiaries:…………  Access rate of the safe water in the project area: ………%  National rank of the safe water access : ……  Distance from the nearest water source (average) .....km | | | | | | **(Economic Strengthening Project)**  Estimated number of beneficiaries: …………  Description of the beneficiaries  ………………………………………………  ……………………………………………… | | | |
| **(Agriculture Project)**  Estimated number of beneficiaries: …………  Description of the beneficiaries  ………………………………………………  ……………………………………………… | | | | | | **(Other Project)**  Estimated number of beneficiaries: …………  Description of the beneficiaries  ………………………………………………  ……………………………………………… | | | |
| 1. Objectives of the project | | | | | | | | | |
| *Describe the objectives of the project as clearly as possible.*  *Explain the link of the development challenges and problems to the objectives of the project.* | | | | | | | | | |
| 1. Expected outcome of the project (*both direct and indirect)* | | | | | | | | | |
| *Identify the beneficiaries, their number, location, and anticipated benefits that they will receive as the outcome of the project.* | | | | | | | | | |
| 1. Estimated cost of the project   *To the greatest extent possible, please submit estimates/quotations from district or civil engineer for each item to be covered by the GGP/KUSANONE. If not possible, please provide reasons.* *As for equipment, please specify the type and its manufacturer.* | | | | | | | | | |
| 【The GGP/KUSANONE Budget】*Please write the Item as shown in the Concept Paper Example on the website* | | | | | | | | | |
| Item by facility/activity | | | | Unit Price | Quantity | | Total Price | Note | |
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| **Total (UGX)** | | | |  |  | |  |  | |
| 【Recipient Organization’s Budget】*Please write the Item as shown in the Concept Paper Example on the website* | | | | | | | | | |
| Item by facility/activity | | | | Unit Price | Quantity | | Total Price | Note | |
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| **Total (UGX)** | | | |  |  | |  |  | |
| 1. Implementation, operation and maintenance plan | | | | | | | | | |
| *Please explain the capacity of the applicant organization to properly and effectively complete the project such as;*  *- Recent performance as an organization*  *-Number of staff to implement the project*  *-Specific maintenance costs to operate the facility*  *-Enough revenue to allocate to complete the project even if an unexpected funding shortfall happens*  *Describe also your plan for maintenance and management of facilities/equipment after the completion of the project.* | | | | | | | | | |
| 1. Duration of the project | | | | | | | | | |
| From MM/YY to MM/YY ( months)  *In principle, the Project should be completed within one (1) year after the contract date* | | | | | | | | | |
| **Required supporting documents to this application form** *(Please ensure that all required documents are attached.)*  Engineering/architectural drawing approved by Local Government Engineer  Description of the budget (e.g. bill of quantity) from Local Government Engineer  Photos which describe the current state of the issue of concern  Organization profile  Organization registration certificate  Organization annual report for the most recent two (2) years  Organization financial report for the most recent two (2) years  Organization recent bank statement  Site map of the proposed construction site (not location map of the project site)  Recommendation letter from the relevant governmental ministries/institutions | | | | | | | | | |
| I, the undersigned, hereby certify that all information provided in this Application form as well as the referenced attachments is true, correct and complete to the best of my knowledge, and agree to the terms and conditions above.  ,  (Month) (Day), (Year)    (Name of Person in Charge)    (Title)    (Name of Organization)    (Signature) | | | | | | | | | |

**\*It is recommended that the length of the concept paper should not exceed five (5) pages.**