

**Application Form  
for  
Grant Assistance for Grassroots  
Human Security Projects  
(GGP)**

***Embassy of Japan  
in Maldives***

**Project Title**

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**Name of Organization**

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**\*Please attach the following documents to this form. If they are not available, please provide the equivalent information with the Embassy.**

- 1. introductory document/booklet/organizational chart of your organization**
- 2. concept chart of the project**
- 3. maps showing the project site**
- 4. floor plan of the building (if the objective of the project is construction of building etc.)**
- 5. design specification of the project**
- 6. written estimates of the goods/services from three suppliers**

## Information on Applicant

Name of Organization
Complete Address (Room Number, Building, Street, Island, (City), Atoll)
Phone Number
Fax Number
e-mail
Website of the organization
Head of the Organization (Responsible individual authorized to sign the Grant Contract) Name/ Designation
Contact Person Name/ Designation
Type of the Organization(please check) <input type="checkbox"/> NGO <input type="checkbox"/> Hospital/Medical Institute <input type="checkbox"/> School/ Research Institute <input type="checkbox"/> Local Government <input type="checkbox"/> Governmental Institute (Department) <input type="checkbox"/> Other specify_____
Year of Establishment: _____ Status of Registration: Registration No. _____ (Please attach copy of the registration certificate, if any)
Purpose of Establishment
Number of Paid Staff/Profile (e.g. 2 doctors, 5 teachers) (Please attach an organizational chart if available)
Number of Unpaid Staff/Profile (e.g. 1 honorary member, 10 volunteers)

Has your organization received any financial/technical assistance from foreign governments, international organizations or NGOs? If yes, please describe the content of the assistance including; project title, year, purpose & location, received financial/technical assistance, name of the organization/agency, etc.

Current Major Activities

Past Major Activities

Publications

(Please enclose annual progress report, newsletter, etc. if available)

Annual Budget Size

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

## Description of the Proposed Project

Project Title
Sector (Please check) <input type="checkbox"/> ]Basic education <input type="checkbox"/> ]Agriculture <input type="checkbox"/> ]Primary health <input type="checkbox"/> ]Public welfare/Basic infrastructure <input type="checkbox"/> ]Vocational training/Skill development <input type="checkbox"/> ]Environment <input type="checkbox"/> ]Special education <input type="checkbox"/> ]Other_____
Project Site a) Profile of the target area (please provide demographic information on the area)  b )Location ➤ Complete Address :  ➤ Distance/direction from the nearest major city (e.g.50km north of Male') :  c) Ownership of the Project Site <input type="checkbox"/> ]Owner Tenant <input type="checkbox"/> ]Tenant <input type="checkbox"/> ]Other_____
Detail of the Proposed Project a) Background of Proposal/Current Needs  b) Objectives of the Project

c) Implementation/Work Plan

- How does the project intend to resolve the current problem and achieve the objective?
- How will the project be supervised and evaluated?

Required Inputs

- a) Estimated amount requested under the GGP Program; please attach breakdown of the goods/services which you intend to purchase by GGP fund.

USD. \_\_\_\_\_

*\*written estimates of the goods/services from THREE suppliers are needed. If they are not available, please provide equivalent information with the Embassy.*

- b) Items which will be financed by the applicant

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

- d) Who will cover the recurrent/operational cost? (i.e. maintenance cost)

- e) Total Budget of the Project

USD. \_\_\_\_\_

Expected Output

- a) Profile of the beneficiaries

- b) Number of people who will benefit directly

- c) Number of people who will benefit indirectly

- d) Qualitative output; please describe the relations between the project and the objectives, and how the project would contribute to the accomplishment of the objectives.

**Duration of the Project**

(Please specify, to the extent possible, when you plan to start implementation of the project and when you expect to complete)

From (MM) \_\_\_\_\_, (YYYY) \_\_\_\_\_ To (MM) \_\_\_\_\_, (YYYY) \_\_\_\_\_

Submission Date: (DD) \_\_\_\_\_ (MM) \_\_\_\_\_ (YYYY) \_\_\_\_\_

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

Signature: \_\_\_\_\_