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**GGP Office Use Only**

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Date \_ \_\_ \_ /\_\_\_\_\_\_ /\_\_\_\_\_\_\_\_

Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**APPLICATION FORM**

**FOR**

**JAPAN'S GRANT ASSISTANCE FOR GRASS-ROOTS HUMAN SECURITY PROJECTS（GGP）**

**Embassy of Japan in Samoa**

**Email:** [**grassroots.project@ap.mofa.go.jp**](mailto:grassroots.project@ap.mofa.go.jp) **Tel: 21187 Fax: 21196**

**URL: https://www.ws.emb-japan.go.jp/itpr\_en/bilateral\_relations.html**

*Please be sure to keep a copy of the Application form and all the other attachments for your reference. Also, ensure that all relevant sections of the Application Form are filled in and all supporting information provided. Incomplete forms with missing or inconsistent supporting information will not be accepted for lodgment of application (refer to Checklist and General Instruction /Terms and Conditions for assistance).*

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| --- | --- | --- | --- | --- | --- |
| 1. **Proponent** | | | | | |
| 1. Date of Application Submission: | | |  | | |
| 1. Name of the Proponent Organization: *Please fill in the formal name of your organization.* | | | | | |
|  | | | | | |
| (3) Address: | | Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upolu / Savaii | | | |
| (4) Contact Person: | | | | | |
| Name:  Position:  Phone number:  E-mail address: | | | | | |
| (5) Status of the Proponent Organization:  ***Please attach a copy of certification of organization’s registration or incorporation or a letter of confirmation and support from relevant Government Authority.*** | | | | | |
| 1. National and Local NGO (b) International NGO (c) Local government (District Council,   Village Council etc.) (d) Medical institute (e) Educational institute (School Committee etc.)  (f) Government-related institution (g) International organization (h) other | | | | | |
| (6) Year of Establishment of Organization: | | |  | | |
| (7) Personnel: ***Please attach a Committee/Board/Council******member list (FORM 1)*** | | | | | |
| Total number of members/staff : | | | | | |
| (8) Main Activities: *Please attach a booklet introducing your activities if any.* | | | | | |
|  | | | | | |
| (9) Financial Situation: ***Please attach financial statements for last 2 years (FORM 2) and audited financial statements if any.*** | | | | | |
| *Fixed assets (e.g. Office building, land )*:  *Debt (if any) : WST*  *Term of Repayment:* | | | | | |
| (10) Past Assistance: *Has your organization received any financial/technical assistance from foreign governments, international organizations’ or NGOs in 20 years?* | | | | | |
| ***Table 1: Past Donor Details*** | | | | | |
| Year | Name of Donor | | | Grant Amount | Contacts |
|  |  | | |  |  |
|  |  | | |  |  |
| 1. **PROJECT** | | | | | |
| 1. Title of the Project: e.g. *Reconstruction/ Expansion/ Renovation of school building etc.* | | | | | |
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| 1. Description of the Project: *Please clearly list out the works that is proposed to be implemented (Please provide a* ***BEFORE and AFTER floor or site plan (SAMPLE 1)*** | | | | | |
|  | | | | | |
| 1. Project Site: ***Please attach a location map (SAMPLE 2) showing property boundaries. Please also attach confirmation letter of ownership of land and consent from land owner(s) for use of land for project implementation*** | | | | | |
| Village\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Upolu / Savaii  Do you plan to relocate? Yes / No | | | | | |
| 1. Background of the Project: | | | | | |
| ***For School Projects: Please attach completed School Enrolment Form (FORM 3)***   1. *Year the school was first established, name of the land/village where it was built if different from the current location and who owns the land it is currently situated in;* 2. *Year the current school buildings were built and who financed them;* 3. *Is it a village/district school, Government or private school;* 4. *Is the request for new building(s) or repair to existing building(s) or additional buildings;* 5. *What is the problem with existing facilities?;* 6. *Does school receive a grant from MESC? How much and what is it used for;* 7. *How does the Committee fund the maintenance of school buildings and assets?;* 8. *What kind of efforts have been made for capacity development of teachers; and* 9. *Reasons for applying for Japanese Government assistance and whether similar requests have been made for the same purpose to other organizations’.*   ***For Other Projects:***   1. *Economic and social situation in the target village, district, or island* 2. *Challenges faced by the people e.g. History of the old facilities* 3. *Why you cannot resolve the challenges on your own and you need GGP assistance* | | | | | |
| 1. Objectives of the Project: | | | | | |
|  | | | | | |
| 1. Expected outcome of the Project: | | | | | |
| 1. *Anticipated benefits of the project* 2. *Number of the beneficiaries (e.g. 250 students of ～ School, 100 households in ～ District)* | | | | | |
| 1. Estimated Cost of the Entire Project: | | | | | |
| $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ +　$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ＝　$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  GGP In-kind Total | | | | | |
| I, the undersigned, hereby certify on behalf of the Applicant that all information provided in this form as well as the referenced attachments are true, correct and complete to the best of my knowledge, and understand and agree to follow the General Instruction/Terms and Conditions.  ,  　　　　　　　　　　 　 (Month) (Day), (Year)  (Name of Person in Charge)      (Title)      (Name of Organization)　　　　　　　　　　 (Signature) | | | | | |