

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

***Consulate General of Japan
Karachi***

Project Title

Name of Organization

Information on Applicant

Name of Organization
Complete Address (Street, City, District, Province)
Phone Number
Fax Number
e-mail
Website of the organization
Head of the Organization Designation
Name of Contact Person Designation
Type of the Organization(please check) <input type="checkbox"/> NGO <input type="checkbox"/> Hospital/Medical Institute <input type="checkbox"/> CBO/VO <input type="checkbox"/> School <input type="checkbox"/> Local Government <input type="checkbox"/> Other specify_____
Year of Establishment: _____ Status of Registration: Registration No. _____ (Please attach copy of the registration certificate)
Purpose of Establishment
Number of Paid Staff/Profile (e.g. 2 doctors, 5 teachers) (Please attach an organogram/organizational chart if available)
Number of Unpaid Staff/Profile (e.g. 1 honorary member, 10 volunteers)

Information on Financial/Technical Assistance to Date.

Project Title	Year	Purpose & Location	Received Financial/Technical assistance	Name of organization, agency, etc.

*Please specify source, e.g. from foreign government, international organizations, Government of Pakistan, etc.)

Current Major Activities

Past Major Activities

Publications

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

Annual Budget Size

Annual Audit

(Yes No)

*Please enclose a copy of the last Audit Report, if available)

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 specify_____
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 Islamabad) : c) Ownership of the Project Site <input type="checkbox"/> Owner Tenant <input type="checkbox"/> Tenant <input type="checkbox"/> Other specify_____ ➤ If you are not the owner, kindly explain the legal relationship with the landowner.
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? ➤ How and when will the project become self supportive?
Required Inputs a) Amount requested under the GGP Programme Rs._____ ➤ Three quotations must be obtained for each item, and the attached cost breakdown form must be completed. b) Items which will be financed by the applicant c) Items which will be covered by other donor(s) (please include information on who will cover the recurrent/operational cost)

d) Total Budget of the Project

Rs. _____

e) How will the community participate in the project?

Expected Output (Important: Please specify the numbers)

a) Profile of the beneficiaries

b) Number of people who will benefit directly

c) Number of people who will benefit indirectly

d) Qualitative output

Duration of the Project

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

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

I, the undersigned, hereby declare that the statement given in this Application Form is true and correct, and, when necessary, I will provide more information requested by the Consulate General of Japan, Karachi. I further understand that this is only an application for support, and that it will be considered only during the current Japanese fiscal year (April-March cycle). I will have no objection even if it is turned down as a result of an evaluation.

Date: _____ (day) _____ (month) _____ (year)

Name: _____ Designation: _____

Signature: _____