

Japan's Grant Assistance for Grassroots Projects(GGP)

APPLICATION FORM

Please Type or Print

1. APPLICANT

(1) Name:

(2) Address

State: _____

(3) Telephone Number: _____

Fax Number: _____

(4) Head of the Organization:

Name: _____

Title: _____

(5) Contact Person (if different from 1(4)):

Name: _____

Title: _____

(6) Has your organization ever received any financial/technical assistance from foreign governments, international organization or NGOs?

Yes / No

If yes, please describe the content and amount of the assistance.

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

(a) Non-Governmental Organization (NGO)
Community-Based Organization (CBO)

(i) Year of Establishment: _____

(ii) Place of Origin (circle one)

Nigeria. Japan. UK. USA

Other (specify): _____

(iii) Country of Activities other than Nigeria (if any):

(iv) Number of Staff: (total) _____

① Number of Paid staff: _____

② Number of directors if any: _____

③ Number of project organizer: _____

(v) Purpose of Establishment:

(vi) Main Activities:

(b) School, University or Research Institute

(i) Category (circle one)

* Government-funded. Private

* Primary School, Secondary School, University

Others (specify): _____

(ii) Year of Establishment:

(iii) Number of Teachers (Researchers): _____

(iv) Number of Students: _____

(v) Subject of Research:

(c) Hospital or Other Medical Insititutes

(i) Category (circle one)

* Government funded.

Private (including community based or NGO funded)

(ii) Year of Establishment: _____

(iii) Number of Doctors: _____

(iv) Number of Nurses: _____

(v) Number of Beds: _____

(vi) Medical service given in your hospital/institute:

(d) Local Government

(i) Population

(ii) Budget Size (Each Fiscal Year):

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

2. PROJECT

(1) Title of the Project:

(2) Project site

(a) Location: _____

(b) Nearest major city:

Direction: _____ of _____

(e.g. North, South-East, etc.)

(City name)

Distance: _____ km

(3) Objectives of the project:

(4) Detailed description of the project (if necessary, sheets explaining the project may be attached):

If your request includes procurement of machineries, please indicate how the maintenance fee will be afforded.

(5) Expected effects of the project:

(Please describe the relations between the project and the objective, and how the project would contribute to the accomplishment of the objectives.)

(6) Estimated number of beneficiaries of the project:

(7) Estimated cost for the entire project:

(In addition, please attach a list of goods/services which you intend to purchase with the GGP fund. Also complete the "Detailed Plan on Expenditure" (p.6).)

The amount which the Japanese Government is requested to fund:

(8) Plans to finance the remainder of the cost (for projects funded partially by the GGP only):

(9) Estimated duration of the project:

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

Please attach the following documents to this form:

- (a) Map(s) showing the project site(s)
- (b) Design specification of the project
- (c) Written estimates of the goods/services from three(3) suppliers
- (d) Photographs of the project site(s)
- (e) Certification and/or registration of your organization as an NGO recognized by the Nigerian Government (photocopy)
- (f) Summary of past activities (1 or 2 pages)
- (g) Document or booklet introducing your organization (if any)

Date: _____
(day) (Month) (year)

Name: _____

Title: _____

Signature: _____

Grant Assistance for Grassroots Projects (GGP) Detailed Plan on Expenditure

<i>ITEM</i>	<i>QUANTITY</i>	<i>SUPPLIER 1</i>	<i>PRICE</i>	<i>SUPPLIER 2</i>	<i>PRICE</i>	<i>SUPPLIER 3</i>	<i>PRICE</i>

Total _____

- *Instruction:**
- 1) Underline the most inexpensive price of each of the items.
 - 2) Add all the underlined prices and put the sum in 'TOTAL'.