

The Government of Japan
Grant Assistance for Grassroots Human Security Projects
(GAGP Program)
Application Form
PLEASE TYPE OR PRINT IN ENGLISH

Date of Submission _____
Date Month Year

1. General Information of Organization

(1) Name (in English and Arabic):

English _____
Arabic _____

(2) Street Address:

_____ Postal Code: _____

(3) Mailing Address:

_____ Postal Code: _____
Governorate: _____

(4) Telephone Number: (_____) _____

Fax Number: (_____) _____

Email Address: _____

(5) Name of the Representative of Organization:

Name: _____

Title: **Professor, Dr., Mr., Ms., Others** ()

Position: **Chairperson, Director, Others** ()

Tel. No.: (_____) _____

Mobile No.: _____

Email Address: _____

(6) Contact Person (if it is different to above (5)):

Name: _____

Title: **Professor, Dr., Mr., Ms., Others** ()

Position: **Chairperson, Director, Others** ()

Tel. No.: _____

Mobile No.: _____

Email Address: _____

2. Title of the Project:

3. Details of the Project:

(A) Project Site

(i) Location:

Governorate: _____

(ii) Nearest major city:

Direction: _____ of : _____

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

Distance from Cairo: _____ km.

If you are not requesting facilities (e.g. training centers, classrooms, etc.), please skip the following questions and go to Section (B)

(iii) Population of the target area _____

(e.g. population of the village or town where the project will be implemented)

Source of information mentioned above, and the year of publication _____

(iv) Ownership of the project site (Please select one.):

* Owner, tenant, other (Specify): _____

IF YOU ARE NOT THE OWNER, kindly explain the legal relationship with the landowner.

(B) Please state briefly the current situations and problems to emphasize the importance of the Project

[illegible]This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears to be a standard notebook page or a sheet of stationery. There is no handwriting or other markings on the page.

(If necessary for more space, please attach additional pages.)

(E) Expected effects of the Project:

(Kindly describe the relations between the Project and the objectives, and how the Project would contribute to the accomplishment of the objectives)

(F) Estimated population that would benefit from the Project:

(G) Estimated cost of the entire Project:

LE _____

Details of the expected budget

Items	Quantity	Cost	Funded by GAGP	Organization's Share

N.B. OUR GRANT SCHEME DO NOT COVER RUNNING COST (such as, salary of employees, rent, the cost of gas, electricity etc). PLEASE REFER TO THE GUIDELINES ATTACHED TO THE APPLICATION FORM.

Total amount of funds requested to GAGP: LE _____

(H) Requested items to be funded by GAGP:

*Kindly attach a detailed breakdown of the cost, which you intend to purchase by the GAGP fund. In addition, please fill the attached **[Costing Breakdown]** in accordance with the quotas obtained.

(I) If you are applying to the GAGP Program as a part of the project, how would you finance other costs?

(J) Duration of the Project:

From: _____ to _____
(Month, Year) (Month, Year)

Work Schedule (Please fill the table below OR formulate your own work schedule if the project requires more than three months to complete.)
[example]

	Descriptions of Activity	Expenditure	
Month 1			
Month 2			
Month 3			
Month 4			
Month 5			
Month 6			
Month 7			

Month 8			
Month 9			
Month 10			

4. Information about Organization

-Nature of your organization:

Please check one from the following (a) (b) (c) (d).

- ☐ (a) Non-Governmental Organization (NGO)
Registration No. _____
- ☐ (b) School or Research Institute (Government funded/ Private
/NGO funded, Primary/Secondary/Technical School/ University)
- ☐ (c) Hospital or Other Medical Institution:
(Government funded, Private, including community-based or
NGO funded)
- ☐ (d) Local Government

-Kindly answer the following questions according to the nature of your organization. If you are above mentioned (d), please answer only (iii) and (iv).

- (i) Year of Establishment: _____
- (ii) Country of Activities other than Egypt (If any):

- (iii) Number of Personnel: _____
- (iv) Purpose of Establishment:

- (v) Main Activities:

- (vi) Has your organization received any financial or technical assistance from foreign governments, international organizations or NGOs? If YES, kindly describe the project supported by other donors:

Year	Donor/Organization	Name of the Project	Types of Assistance

Kindly attach the following documents to this application form:

- ☐ Costing Breakdown (the form is attached at the end of this application)
- ☐ Maps indicating the Project site(s) and the office of the Organization
- ☐ A copy of a title deed
- ☐ Written estimates of equipment/construction obtained from three different suppliers/contractors with English translation
- ☐ A copy of audit account issued by independent accountant for the past two years
- ☐ A copy of registration to Ministry of Social Solidarity (NGOs)
- ☐ Photographs of the Project site(s)
- ☐ Photographs that illustrate the activities of your organization
- ☐ A sketch of the project site/premises
- ☐ A sketch of the planned building if the project requires any type of construction/renovation
- ☐ Documents or booklets introducing the applicant (if you have any)

Please note that application forms attached with all required documents mentioned above, are only recognized as potential candidates for the grant. If documents are written in Arabic, their English translation should be attached.

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I, the undersigned, hereby declare and understand that;

- A. the statement given in this application form is true and correct.
- B. when necessary, I will provide more information requested by the Embassy of Japan.
- C. this proposal is not selected, if I do not hear from the Embassy of Japan for 3 months after the submission of an application.
- D. I will have no objection if it is turned down as a result of an evaluation.

DATE: (day) _____ (month) _____ (year) _____

NAME: _____ TITLE _____

POSITION: _____

SIGNATURE: _____

Please ensure that the chairperson of the Organization gives a signature here.