

GRANT ASSISTANCE FOR GRASSROOTS HUMAN SECURITY PROJECTS (GAGP PROGRAM)

APPLICATION FORM

Name of Organization (in English):	
Name of Organization (in Arabic):	
Street Address	
Mailing Address	
Telephone Number	
Nature of Organization	<input type="checkbox"/> NGO (Registration no.) <input type="checkbox"/> School or Research Institute <input type="checkbox"/> Hospital or Other medical institution <input type="checkbox"/> Local Government
Year of Establishment	
Fields of Activities	
Representative of Organization	Name Position title
	Telephone number Mobile number
	Email Address
Contact Person	Name Position title
	Telephone number Mobile number
	Email Address

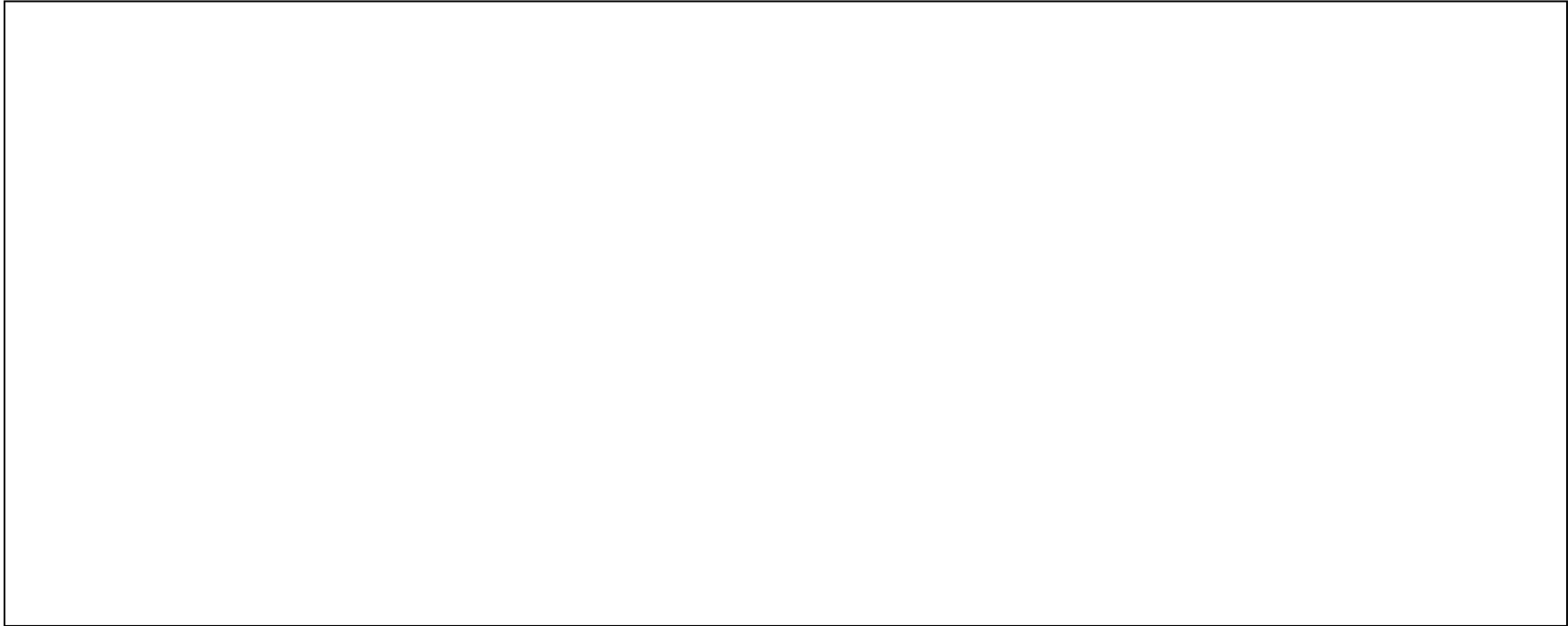
Title of the Project	
Project site location	
Targeted beneficiaries	
Estimated number of beneficiaries	

Project Justification Please state briefly the current situations and needs, which shall be supported by statistics or data, in order to emphasize the importance of the project.

Project Outline

Narrative Summary	Verifiable indicators			
Overall Goal				
Project Objective(s)				
Outputs	Verifiable indicators	Activities	Budget (in EGP)	Financial source
1.		1.1		
		1.2		
		1.3		
		1.4		
		1.5		
		1.6		
2.		2.1		
		2.2		
		2.3		
		2.4		
		2.5		
		2.6		
3.		3.1		
		3.2		
		3.3		

Please use this space to add any information.

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