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| **C:\Documents and Settings\d10260\Desktop\WEB\WEB\PHOTOS FOR WEB\oda_georgia_logo.jpgOfficial Development Assistance** | | | | Deliver Hardcopy to*(****Optional****):* | | | | | | [Embassy of Japan in Georgia](http://www.ge.emb-japan.go.jp/english/grassroots/ggp.html)  [7D Krtsanisi street; 0114;](http://maps.google.com/maps?q=Embassy+of+japan+in+georgia&oe=utf-8&client=firefox-a&hnear=Embassy+of+Japan+in+Georgia,+7d+Krtsanisi+str,+T%27bilisi,+Didi+digomi,+Tbilisi+0144,+Georgia&gl=ge&t=m&z=16)  GGP Section; Tbilisi, Georgia; | |
|  | | | | E-mail Electronic Application (***MUST***)\*:  *(\*Preferably Ms. Office Files)*Subject of the E-mail: | | | | | | [grassroot2@tb.mofa.go.jp](mailto:grassroot2@tb.mofa.go.jp)  Project Application: *PROJECTNAME* | |
|  | | | | Further Inquiries: | | | | | | Tel: (+995 32) 275 21 11  Fax: (+995 32) 275 21 12 | |
| Grant Assistance for Grassroots Human Security Projects (GGP) and Grassroots Cultural Grant Project (GCGP) Application Form | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Application Type: | | | | | | | **Select** | | | | |
|  | | | | | | |  | | | | |
| Applicant Organization Name: | | | | | | |  | | | | |
| Applicant Organization Type: | | | | | | | **Select** | | | | |
| Applicant Organization Address: | | | | | | |  | | | | |
| Registration Date : | | | | | | |  | | | | |
| Responsible Person contact info | | | | | | |  | | | | |
|  | | Name: | | |  | | | | | | |
|  | | E-mail: | | |  | | | | | | |
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| Project Name: | | |  | | | | | | | | |
| Region: | **Select** | | | | | | District/Town/Village: | |  | | |
|  | | | | | | |  | | | | |
| Application Submitted on: | | | | | | **DATE** | | Requested Budget **USD**: | | |  |
| ***I have carefully read the*** [***GGP Guidelines***](http://www.ge.emb-japan.go.jp/files/grassroot%20programs/ggp_guideline.pdf) ***before filling out and submitting the Application***   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **I. APPLICANT** | | | | | | | | |  | | | | | | | | | **1.** | Name Of Applicant Organization: | |  | | | | | |  | 1.11 | Complete Address: |  | | | | | |  | 1.12 | Phone Number(s)/Fax: |  | | | | | |  | 1.13 | E-mail: |  | | | | | |  | 1.14 | Web-Page: |  | | | | | |  | 1.15 | Scale of Organization: | **Select** | | | | | |  | 1.16 | Type of Organization: | **Select** | | | | | |  | 1.17 | Year of Establishment: |  | | | | | |  | 1.18 | Registration Number (ID): |  | | | | | |  | 1.19 | Purpose of Establishment: |  | | | | | |  | 1.20 | Number of Paid Staff/Profile (e.g. 2 doctors, 5 teachers): |  | | | | | |  | 1.21 | Number of Unpaid Staff/Profile (e.g. 1 honorary member, 10 volunteers) |  | | | | | |  | 1.22 | Number of Beneficiaries (students, patients, dwellers, etc.): |  | | | | | |  | 1.23 | Annual Budget Size: |  | | | | | |  | 1.24 | Main sources and shares of Income: |  | | | | | | **2.** | Head/Director of Organization: | |  | | | | | |  | **Please provide the exact name as per ID** | |  | | | | | |  | 2.1 | Exact Title: |  | | | | | |  | 2.2 | Contact Info (mobile, e-mail, etc.): |  | | | | | | **3.** | Person in Charge of Project: | |  | | | | | |  | **Please provide the exact name as per ID** | |  | | | | | |  | 3.1 | Exact Title: |  | | | | | |  | 3.2 | Contact Info (mobile, e-mail, etc.): |  | | | | | | **4.** | Chronological list of the most prominent projects implemented by your Organization:   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Year | Project Title | Location and brief Description | Cost of the Project ($) | Name and contact info of Donor | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | |  |  |  |  |  | | | | | | | | |  | | | | | | | | | **5.** | Has your organization ever applied to GGP? | | | **Select** | | | | |  | 5.1 | Exact Year(s): | |  | | | | |  | 5.2 | Name(s) of Submitted Project(s): | |  | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | **II. PROJECT** | | | | | | | | |  | | | | | | | | | **1.** | Title of the Project: | |  | | | | | | **2.** | Project Site Location (Include internet link of Satellite coordinates if possible): | | | | | | | |  | | | | | | | | | **3.** | Objectives of the project: | | | | | | | |  | | | | | | | | | **4.** | Outline of the Project (Background information, problem statement and detailed budget) | | | | | | | |  | | | | | | | | | **5.** | References reflecting the relations with the relevant governmental authorities located in project site (Executive Committee or Municipalities). | | | | | | | |  | | | | | | | | | **6.** | Expected effects of the Project (Please describe the relations between the project and the objectives, and how the project would contribute to the accomplishment of the objectives). | | | | | | | |  | | | | | | | | | **7.** | Estimated population that would be benefited by the project. | | | | | | | |  | | | | | | | | | **8.** | Estimated costs of the entire project (in USD with current exchange rate). | | | | | | | |  | | | | | | | | | **9.** | How is your Organization planning to guarantee the Sustainability of the Project for next ten years (Guarantee letters of annual financing from Governmental/non-Governmental Institutions, Generation of income through social business and description of “Business Plan”). | | | | | | | |  | | | | | | | | | **10.** | Expected breakdown of the goods/services, which you intend to purchase by the GGP fund. | | | | | | | |  | | | | | | | | | **11.** | If you are applying GGP for a part of the project, will you finance the other costs? If yes, please nominate your detailed contribution. | | | | | | | |  | | | | | | | | | **12.** | Duration of the project | | From: | |  | To: |  | |  | | (month, year) |  | (month, year) | | **13.** | In case of your project envisages Reconstruction/Construction, please fill in the form below: | | | | | | | | |  |  |  | | --- | --- | --- | |  | Before Reconstruction | After Reconstruction | | Size of the building | m2 | m2 | | The total number of rooms |  |  | | The number of available rooms |  |  | | The number of Beneficiaries |  |  | | The number of staff |  |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | **SIGNATURE:** | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | | Name: |  | Signature: |  | |  |  |  |  | | Title: |  | Date: |  | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | **III. CHECKLIST OF ADDITIONAL DOCUMENTATION**  *Mark Submitted documents:* | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  | Document | **MANDATORY** | **DESIRABLE** | | 1 | Filled In Application Form |  |  | | 2 | Financial Condition Form *(Download Excel file from our web page indicated on Cover page)* |  |  | | 3 | Expected “Project Cost” Breakdown: |  |  | | 4 | Project Budget Form *(Download from our web page indicated on Cover page)* |  |  | | 5 | Two Recommendation letters *(From local/Central Governments, other Donors, etc…)* |  |  | | 6 | Public Registration Proof of All Property (Land, Building, machinery, etc.) Involved in project |  |  | | 7 | Map of the Project Site (Exact Coordinates, satellite image, etc.) |  |  | | 8 | Three Cost Estimations *(Detailed Official Bids of three different Suppliers in USD)* |  |  | | 9 | Blueprint/Sketches/Plans of the construction Project |  |  | | | | | | | | |  * Please note, that this is not the final list of requested documents. For further consideration, Embassy retains the right to request additional documents not mentioned in advance. | | | | | | | | | | | | |