

**Please type all the information for this application.**

**APPLICATION FORM FOR  
JAPAN'S GRANT ASSISTANCE FOR GRASSROOTS HUMAN SECURITY  
PROJECTS (GGP)**

Embassy of Japan in Trinidad and Tobago

**1. APPLICANT INFORMATION**

**(1) Name of the Applicant**

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**(2) Address**

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**(3) Phone Number**

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**Fax Number**

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**E-mail Address**

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**(4) Responsible Individual ( *Individual who is authorized to sign the Grant Contract* )  
Name**

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**Title**

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**(5) Contact Person ( *Individual who coordinates the project and liaises with the Embassy* )  
Name**

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**Title**

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**(6) Please answer questions in one of the following sections, according to the nature of your organization.**

**Non-Governmental Organization (NGO)**

**(i) Year of Establishment**

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**(ii) Number of Employees/ Size of Staff (*Specify main roles*)**

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**(iii) Purpose of Establishment**

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**(iv) Main Activities**

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**School or Research Institute**

**(i) Year of Establishment**

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**(ii) Number of Teachers (Researchers)**

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**(iii) Number of Students**

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**(iv) Subject of Research**

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**Hospital or Other Medical Institute**

**(i) Year of Establishment**

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**(ii) Number of Doctors**

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**(iii) Number of Nurses**

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**(iv) Number of Beds**

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**(v) Medical service given in your hospital/institute**

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**Local Government**

**(i) Year of Establishment**

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**(ii) Number of Employees/ Size of Staff (*Specify main roles*)**

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**(iii) Population**

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**(iv) Authorities and Duties of the Applicant**

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**Governmental Institute (Department)**

*(Applications from Governmental Institutes can be accepted in cases where there is no application from a non-profit organization)*

**(i) Year of Establishment**

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**(ii) Number of Personnel (Specify main roles)**

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**(iii) Authorities and Duties of the Applicant**

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**(7) Has your organization received any financial/technical assistance from foreign governments, international organizations or NGOs? (If yes, please describe the content of the assistance.)**

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**(8) Organizational achievement(s) such as self-financed projects, awards and other accomplishments within the last five (5) years**

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**(9) Annual income and expenditure of Organization**

*(Please attach the auditing and accounting reports of the most recent 3 years. Please specify the source and the amount if your organization receives some kind of donation.)*

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**2. PROJECT INFORMATION**

**(1) Title of Project**

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**(2) Project Site** *(Please indicate the distance from the nearest well-known town and an international airport, and describe available transportation to reach the site from the international airport.)*

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**(3) Objectives of the Project** *(Please indicate the final goal(s) through the project.)*

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**(4) Outline of the Project** (*Please indicate problems and how to overcome them to achieve the objectives.*)

- Number of people who are affected by the problem
- Social and economic status of the target beneficiaries
- Major constraints and potential risks
- Relevant statistical data to support background information, if available.

Please use concrete figures to explain.  
If the project is to procure equipment, please provide a reason why it is necessary, for each item.

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**(5) Expected Effects of the Project** (*Please describe the relationship between the project and the objectives, as well as how the project would contribute to the accomplishment of the objectives*)

Please use concrete figures to explain.

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**(6) Estimated population that would benefit from the Project.** (*Please indicate the direct beneficiaries and indirect beneficiaries.*)

Please indicate the calculation for the estimated population.

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- (7) **Estimated Cost of the Project** *(Please attach estimates of the facilities/goods/services that you intend to purchase with GGP funding, as well as for the cost of an external audit\**

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*NOTE: External auditing is mandatory to verify that the grant was properly used. The cost of the external audit can be borne by GGP.*

*Approximate exchange rates for 2019:*

*USD \$1 = 110 yen; TT \$1= 16 yen; EC \$1= 40 yen; SR \$1 (Suriname) = 14.6 yen; G\$1 (Guyana) = 0.52 yen*

- (7) **If GGP can't cover all the costs of the project, please indicate other financial source(s) and the allocation of the funds from GGP and other source(s).**

- (8) **Means of operation and maintenance for donated facilities/equipment/supplies** *(Please explain the need for hiring additional staff to fully utilize donated facilities/equipment/supplies. If applicable, indicate the details, including the number of additional staff and how to source the cost for their employment. )*

- (9) **Duration of the Project**

**From** \_\_\_\_\_ **To** \_\_\_\_\_

**(Month, year)**

**(Month, year)**

**Please attach the following documents to this form. If they are not available, please provide the equivalent information.**

- Your organization’s certificate of registration *related to 1(6)*
- Official literature/brochures introducing your organization *related to 1(6)*
- Auditing and Accounting reports *related to 1(9)*
- Maps showing the project site *related to 2(2)*
- Written estimates of the goods/services from 3 different suppliers *related to 2(7)*
- Estimates for conducting external audit from 3 different suppliers *related to 2(7)*
- Floor plan of the building and design specification (if the objective of the project is construction of buildings etc.)

**Date** \_\_\_\_\_

**Name** \_\_\_\_\_

**Title** \_\_\_\_\_

**Signature** \_\_\_\_\_



## Check List

**Please submit this completed checklist along with the completed Application Form**

*(NOTE: ALL of the following items are needed for the purpose of the examination and evaluation.)*

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**Check the submitted documents:**

- Application Form**
- Your organization's certificate of registration**
- Official literature/brochures introducing your organization**
- Auditing and Accounting reports**
- Maps showing the project site**
- Written estimates of the goods/services from 3 different suppliers**
- Estimates for external audit from 3 different suppliers**
- Floor plan of the building and design specification of the project (if applicable)**

Items	Budget for the Project (choose the most reasonable one)	< Supplier 1 >	< Supplier 2 >	< Supplier 3 >
1. _____				
2. _____				
<b>Total</b>		/	/	/

**Please write the amount excluding taxes. GGP cannot cover any taxes or any bank charges.**