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| C:\Users\d14892\AppData\Local\Microsoft\Windows\INetCache\Content.Word\Kusanone Cat.png | **Grant Assistance for Grass-roots** **Human Security Projects (GGP)** **Embassy of Japan in the Philippines** |  |
| **Project Concept Paper** |

**NOTE:**

1. Documents must be in A4 size only.
2. Submit in PDF format only.
3. Additional documents may be required by EOJ.
4. EOJ will NOT return the documents submitted.
5. Adherence to the requested information on the Concept Paper, required documents, required GGP templates, and required format shall be part of the proposal evaluation.
6. GGP may contact the proponent for clarifications via SMS, phone calls and emails.

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| 1. **GNERAL INFORMATION OF THE APPLICANT**
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| * 1. Date of application
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| 1.2 Official full name of the applicant organization |
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| 1.3 Physical address  |
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| 1.4 Website  |
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| 1.5 Contact person (Please provide 3 people who can be contacted) |
| Name:Position:Phone number:E-mail address:Name:Position:Phone number:E-mail address:Name:Position:Phone number:E-mail address: |
| 1.6 Responsible individual authorized to sign the Grant Contract |
| Name:Position:Phone number:E-mail address: |
| 1.7 Organizational status (Select or specify) |
| 1. National and Local NGO
2. International NGO
3. Local government,
4. Medical institute
5. Educational institute
6. Government-related institution,
7. International organization
8. Other (please specify)
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| 1.8 Sector (Select or specify) |
| 1. Education
2. Health
3. Water System (Levels I and II only)
4. Agriculture
5. Social Welfare
6. Capacity Building
7. Disaster Management
8. Waste Management
9. Others (please specify)
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| 1.9 Year of establishment  |
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| 1.10 Personnel structure of the organization  |
| *(Example) Principal x1, VP x1, Teachers x 20, Students x 400* |
| 1.11 Main activities of the organization  |
| *If there is an introductory document or booklet, please include it in your application.* |
| 1.12 Financial situation of the organization  |
| *Fill in the annexed financial statement form at the end of this document, and also submit your organization’s finance reports for the most recent TWO years.*  |
| 1.13 Project implementation capability of the organization |
| *Has your organization received any financial/technical assistance from governments or donor organizations? If yes, please specify below. If not, please explain why your organization is technically and financially capable of implementing the GGP.* |
| Year | Name of Donor | Grant Amount in Peso or USD | Purpose |
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| 1. **ABOUT YOUR GGP PROJECT**
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| * 1. Proposed title of the Project
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| *(Example) The Construction of XX for XX* |
| * 1. Project site
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| *Full address and a map. Please indicate the distance from nearest well-known towns.* |
| * 1. Background of the Project
 |
| *Describe the following points thoroughly. If necessary to provide details, please prepare a separate reference document.**1. Economic and social situation in the target barangay or municipality. (Population, main source of living, most recent average household income, poverty rate, un/employment rate etc.)* *2. Development challenges faced by the above population. If it is a project for renovation or rehabilitation of existing facilities, please indicate when the original construction was done.* *3. Initiatives made by the applicant and others to address the above challenges and to improve the situation. Please indicate why you cannot resolve the problems on your own and you need assistance of the GGP.* |
| * 1. Objectives of the Project
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| *Describe the objectives of the Project as clearly as possible.* *Explain the link of the development challenges and problems to the objectives of the project.* |
| * 1. Expected outcome of the Project
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| *Identify the beneficiaries, the total number of beneficiaries, location, and anticipated benefits that they will receive as the outcome of the project.* |

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| * 1. Expected cost of the Project
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| *To the greatest extent possible, please submit estimates/quotations from three (3) different suppliers for each item to be covered by the GGP. If not possible, please provide reasons.* *As for equipment, please specify the manufacturer, country of origin, and model name/#.* |
| 【To be covered by the GGP】*Maximum of 20 million Japanese Yen or the equivalent amount in Philippine Peso, always exclusive of VAT* |
| Item | Unit Price | Quantity | Total Price | Note |
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| Total |  |  |  |  |
| 【To be covered by the applicant organization: Counterpart Fund】*All forms of taxes must be included in the Counterpart Fund, NOT the GGP* |
| Item | Unit Price | Quantity | Total Price | Note |
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|  |  |  |  |  |
| Total |  |  |  |  |
| 1. **IMPLEMENTATION, OPERATION AND MAINTENANCE PLAN**
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| * 1. Expected duration of the Project
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| * 1. Procurement
 |
| *Describe the process for the procurement of requested items. Identify the section in-charge of the said activity* |
| * 1. Operation
 |
| *Explain the operational plan of the project including the number of assigned staff to implement the project and plans to cover unexpected funding shortfalls* |
| * 1. Monitoring, maintenance and repair
 |
| *Explain the capacity of the applicant organization and plans to properly maintain good condition and use of the received items/facilities after the project completion. E.g Inventory bookkeeping, regular check-ups, allocation of technical staff to handle the received equipment, securing budgets for facility maintenance and repair, etc.* |

Annex and Signature to follow on the next page.

 **\*\*\*\*\*\*\*\*\*\*\* ANNEX \*\*\*\*\*\*\*\*\*\*\*\***

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| **FINANCIAL STATEMENTS FOR THE PAST TWO YEARS** |
| (Currency: Peso)  |
| Items | Fiscal Year: | Fiscal Year: |
| **INCOME** |
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| **Income Total (A)** |  |  |
| **EXPENDITURE** |
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| **Expenditure Total (B)** |  |  |
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| **Balance (A) – (B)** |  |  |

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| **\*\* BELOW IS AN EXAMPLE \*\*** |
| (Currency: USD) |
| Items | Fiscal Year: 2020 | Fiscal Year: 2021 |
| **INCOME** |
| Grant from international donor organizations (Name) | 40,000 | 50,000 |
| Budget allocation from the Ministry of Health | 12,000 | 11,000 |
| Medical treatment charges | 9,000 | 9,500 |
| Prescription charges | 1,000 | 1,200 |
| **Income Total (A)** | 62,000 | 71,700 |
| **EXPENDITURE** |
| Labor | 45,000 | 42,000 |
| Purchase of medicines | 1,200 | 1,200 |
| Meals for patients | 5,000 | 6,000 |
| Cleaning | 500 | 550 |
| Electricity and water | 2,550 | 3,030 |
| Admin costs | 3,500 | 3,280 |
| **Expenditure Total (B)** | 57,750 | 56,060 |
|  |  |  |
| **Balance (A) – (B)** | **4,250** | **15,640** |

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| I, the undersigned, hereby certify that all information provided in this application form as well as the referenced attachments is true, correct and complete to the best of my knowledge, and agree to the terms and conditions above. (Month) (Day), (Year) (Name of Person in Charge)  (Title) (Name of Organization)  (Signature)  |

Note: For the list of required supporting documents, please refer to the guideline document available on the EOJ GGP website. The documents may be emailed together with the GGP Concept Paper.