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| **Executive Summary (1 PAGE)** |
| **Project Name** | **The Project for**  |
| **Organization Name** |  |
| **Project Location** | Governorate : Caza : Town **:**  |
| **Total Requested Budget (USD)** | (USD)  |
| **Sector(s)/ Focus Area(s)** | Education / Healthcare / Waste management / Water / Disability / Demining / Renewable Energy / Others (please describe : ) |
| **Objective of the Project** |  |
| **Summary of Planned Activities and Outcome** |  |
| **Number of Beneficiaries** |  People*\*Estimated number of direct beneficiaries* |
| **Project Duration** | Months*\*Duration should be up to 12 months* |
| **Date of Application Submission** |  |
| 1. **Project Overview: \*Please provide all the information in ENGLISH**
 |
| **Title of the Project**\*Start with “The Project for…” | **The Project for**  |
| **Project Location**Governorate, Caza, Town | Governorate : Caza : Town:  |
| **Population Site Information** | Total Population : Refugee Population : Major Religious Group :  |
| **Project Component***\*Please highlight the Type in color.* | Installation of new equipment / Replacement of equipment / Rehabilitation of facility / Construction of facility / Demining / Others (Please describe : ) |
| **Target Group** | SelectSelectSelect |
| **Project Duration** |  Months*\*Duration should be up to 12 months* |
| **Requested Budget** *\*without VAT**\*not exceed 20 million JPY in principle.* | (USD)  |
| **Total Budget** (incl. other sources) | (USD)  |
| **Co-Finance (If any)** |   |
| 1. **Problem Description and Background information**

*\*Please summarize the current situation of project site. Outline what the problem is, why it is a problem, who are affected and when the problem was identified (****Use numbers and data where possible****). Please also describe initiatives by the applicant to address the above challenges, and indicate why you cannot resolve problems on your own and you need assistance of the GGP/KUSANONE.* ***Maximum 15 lines*** |
|   |
| 1. **Project Activities and Goals/Objectives**

*\*Please summarize goals, objectives and main activities of the project in short.* ***Maximum 10 lines*** |
|   |
| 1. **Project Component and Expected Beneficiaries of the Project**
 |
| *Please fill out the table below*

|  |  |  |
| --- | --- | --- |
|  | Project Component (Item, Service etc) | Number of Direct Beneficiaries Yearly |
| Current number in total (number of females) | Estimated number after GGP in total(number of female beneficiaries) |
| *Example* | X ray machine | 0 (0) | 1500 (750) |
| 1 |  |  ( ) |  ( ) |
| 2 |  |  ( ) |  ( ) |
| 3 |  |  ( ) |  ( ) |
| 4 |  |  ( ) |  ( ) |
| ***TOTAL*** |  ( ) |  ( ) |

*Comments (if any. max.4 lines)*

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| 1. **Implementation and Operation Plan** *\** *Please explain the capacity of the applicant organization to properly and effectively complete the project*
 |
| *Number of staff to implement the project.* ***Please fill out the table below.***

|  |  |  |
| --- | --- | --- |
|  | Item/ Service / Department | Number of staff to implement project |
| Current number | Estimated number after GGP |
| *Example* | X ray machine | 0 | 1 Doctor, 3 nurses |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

*Comments (if any. max.4 lines)*

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| 1. **Before and After GGP Project Site Map** *\*Please attach current and after GGP Project site. See* ***Sample*** *in the website*
 |
| **Before GGP** |
| **After GGP**  |
| 1. **Risks and Mitigation Plan** *\*Describe the main risks that may arise during the implementation of the project and its mitigation plans.* ***Maximum 8 lines***
 |
|   |
| 1. **Sustainability Plan** *\*how to maintenance and management of facilities/equipment after the completion of the project.* ***Maximum 10 lines***
 |
|   |
| 1. **About Applicant**
 |
| **Name of the Organization** |   |
| **Year of Establishment** |   |
| **Organization Type***\*Please highlight the Type in color.* | Local NGO / International NGO / Educational Institutions / Medical Institutions / Local Authorities (e.g. Municipalities) / Others (Please describe: ) *If NGO*, Ministry of Interior Registration No:  |
| **Office Address** |   |
| **Link to the website of the organization (if any)**  |  |
| **Representative** *\*needs to be the head of the organization .*  |
|  **Name, Title** |   |
| **E-mail address**  |   |
| **Tel. number** |   |
| **Contact Person** |
|  **Name, Title** |   |
| **E-mail address**  |   |
| **Tel. number** |   |
| **1. Main Mission and Activities of the Organization** ***\*Maximum 5 lines*** |
|   |
| **2. Organization’s Structure** |
|

|  |  |  |
| --- | --- | --- |
|  | **Job Title / Department** | **Number of Personnel** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| **Total** |  |

 |
| **3. Summary of Financial Report** *\*Please fill-in a table of financial summary of the attached Excel Sheet.**\*\*If the financial report for FY 2023 is not ready, please provide financial results of FY2022 & FY2021.*  |
|

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Income (USD)** | **Expenditure (USD)** | **Balance (USD)** |
| FY2022 |  |  |  |
| FY2023 |  |  |  |

 |
| **4. Applicant’s Past Project Experience** *\*Has your organization received any financial/technical assistance from Japanese government,foreign governments, international organizations or NGOs? If yes, please specify below.* |
|

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name**  | **Donor** | **Period** | **Amount (USD)** |
| *e.g. The Project for XXXXXXXX* | *Embassy of Japan* | *Apr 2017**~ Mar 2018* | *90,000* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Q. Do you have previous GGP project management experience?**  | Yes / NoIf yes, when? () |

 |
| **C..Check List**  |
| [ ] Have at least two years of project management experience.[ ] Have a Fresh US Dollar Bank Account in a Lebanon, and can open a dedicated Fresh US Dollar Bank Account in *\*please write the bank na*me. *\*Having a fresh USD bank account is the* ***pre-requisite for GGP****. If the organization cannot open a Fresh USD bank account, please collaborate with another entity (such as NGO) which should apply to the GGP on behalf of the organization.* *\*The bank account must belong to the organization (the personal individual’s bank account cannot be used).* [ ] Have attached below documents to this Application Form (Template 1): * Template 2 : Photo Sheet (word file)
* Template 3 : Financial Report (excel sheet)
* Template 4 : Budget Breakdown (excel sheet)

[ ] Have developed the “Attachment 3: Budget Breakdown” based on quotations from three (3) different suppliers.  |
| **D..Pledge** |
| 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 in the guideline. (Month) (Day), (Year)  (Name of Representative) (Title) (Name of Organization)  　　 (Signature of Representative) |

* Submit **application form (PDF+Word) (Template 1),** together with **photo sheet (Template 2),** **financial report (Template 3)** and **budget breakdown (Template 4)** via email (ggp@bt.mofa.go.jp) by 15:00, January 24, 2024 (Fri).
* The E-mail title should be “**GGP application (the name of your organization)”.**
* If you do not receive a confirmation of receipt from the Embassy within 3 weeks, please contact us.
* If the volume of the attachment file is over 10 MB, please use applications such as WeTransfer, or divide it into several emails and indicate numbers of emails.