**APPLICATION FORM**

**for**

**Grant Assistance for Grassroots and Human Security Programme**

***Dear applicant,***

***please read the following instructions carefully. Fill in the forms without leaving any fields blank.***

**General information: Original application with valid signature and registered stamp** must be submitted to the Embassy of Japan in the Kyrgyz Republic (hereafter referred to as on EoJ).

Address: 720040 Bishkek, Razzakov Str., 16 (on the cross-section with Bokonbaev Str.)

EoJ business days\*: Monday – Friday

Business hours: 09:00 – 17:45 (lunch break: 12:30 – 13:30) \* *EoJ is not open on official Kyrgyz Republic national holidays or Japan national holidays.*

*Consultations on filling out application forms are available over the phone at (0-312) 30-00-50 or by e-mail at* *kusanone.kg@gmail.com*

Contents

1. About Applicant
2. About Project
3. List of Necessary Documents (Checklist)

|  |  |  |
| --- | --- | --- |
|  | 1 | **\*List of articles available and to be purchased** |
|  | 2 | **\*List of project expenses** |
|  | 3 | **\*Copies of financial reports of your organization for the last three years** |
|  | 4 | \*CV of the director and/or responsible personnel |
|  | 5 | Floor plan of the building (showing project sites, if applicable) |
|  | 6 | Location scheme of the equipment available (show the name, number of cabinet and floors). |
|  | 7 | Map showing the nearest rayon/oblast’s central district and your organization  |
|  | 8 | Official written permission from relevant state organizations, if necessary |
|  | 9 | Photos of the bldg., equipment/furniture etc. , if available |
|  | 10 | Pamphlet or brochure about your organization, if available |
|  | 11 | Price lists and image of requested equipment, if available |

* Items with asterisk mark (\*) are mandatory.
* Any documents that support your project idea will be appreciated.
* Handwritten applications will NOT be accepted.

**1. Applicant**

1. Title of your organization:
2. Name of person responsible for organization:

 Position of person in charge:

1. Post address and zip code:
2. Telephone number of office phone:

　　Mobile phone number of person in charge:

 Fax number:

 E-mail:

 Web-site (if you have):

1. Has your organization received any financial or technical assistance from foreign governments, international organizations, or NGOs, including volunteers from overseas?

□ Yes □ No

 (If your answer is yes, describe the character of received assistance)

Please fill in the following table.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Donor/ NGO/Organization** | **Title of the project** | **Sum of the grant** | **Period (mm/yy)** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |

1. Write the official name and legal status of your organization:
2. Year of establishment:
3. Number of staff:
4. Purpose of establishment/ mission/ main activity:

Please answer the following questions in accordance with the nature of your organization.

Educational institutions skip ahead to question #7, medical institutions to #8, and local public bodies to #9

1. FOR EDUCATIONAL INSTITUTIONS

Number of staff (please write according to teachers’ categories / technical personnel):

Number of school students:

Our W/C is located: □ inside / □ outside

1. FOR MEDICAL INSTITUTIONS

Number of staff (please write according to groups: senior medical staff, junior medical staff):

Number of beds:

Medical services being provided by your institution:

1. FOR LOCAL PUBLIC BODIES

Population in the villages which belong to your Aiyl Okmotu:

**2. Project**

(1) Location of project activities (including the distance from the nearest major/well-known city/town)

(2) Goal of the project (Project goal should reflect what you want to achieve by the project and how. Goal must be measurable in numbers (equipment, beneficiaries, etc.) and in time (the period by which the goal is to be achieved).

(3) Brief description of the problem you are facing now. (Quantitative data is welcome, such as number of broken or old furniture/equipment, number of population/officers/users/patients suffering from the problem.)

(4) How many people will benefit from any granted equipment/furniture in the framework of the project?

FOR MEDICAL INSTITUTIONS: Show the number of patients who will use the equipment and describe the conditions of equipment usage for the population.

(5) Expected results of the project. Please describe what will change in case the project is implemented and specific results (write qualitative and quantitative indicators).

(6) Project budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ USD

Write the exchange rate of USD in relation to KGS on the actual date of budget calculations: \_\_\_\_\_\_\_\_\_\_\_KGS

*Please fill in the Attachment #3 (Project budget) indicating quantity, price and qualifications of equipment/goods/services that you plan to purchase with the grant.*

(7) Possibility of personal/own contribution from your organization

Check the box: □ possible (write down what kind and from what source) □ impossible

Date of submission: “\_\_\_\_” \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Name of person in charge: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature & impression: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Attachment # 1***

***Grant Assistance for Grassroots and Human Security Programme***

*format as of 13.02.2017*

**Report on Financial Situation of Organization**

Why this report is important:

1. Provides transparency of your financial situation
2. EoJ needs to know if you can afford the maintenance fees for equipment

(*i.e.* Repair expenses and/or amortization of equipment)

**Please attach copies of financial reports forms for the last 3 years.**

Sources of income, repair expenses, amortization of equipment, and debt loans (if any) must be shown.

If amount of remaining money at the end of each financial year is available, explain what it was/could have been spent for.

**Notes on financial reports**

***Attachment # 2***

***Grant Assistance for Grassroots and Human Security Programme***

*format as of 13.02.2017*

**List of Articles**

Why this list is important:

 EoJ must be able to grasp the current situation of your organization.

* FOR MEDICAL INSTITUTIONS: please write the names of departments, as well.
1. Fill in the table of **equipment/furniture available relevant to the proposing project.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Article** | **Quantity** | **Year of production** | **Model & country of production** | **Condition (working/broken)** | **Place of current location (corps, floor, name of room)** |
| *Example, Ultrasound Diagnostic Scanner* | *1* | *1978* | *X30A, USSR* | *broken* | *Main building, 1-floor, room #10* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

***Attachment # 3***

***Grant Assistance for Grassroots and Human Security Programme***

*format as of 13.02.2017*

**List of project expenses**

Why this list is important: EoJ needs to see how specific your idea is,

* Write the exchange rate of USD in relation to KGS that you referred to while calculating: 1USD = \_\_\_\_\_\_KGS
* Our grant program does NOT support salaries, per diem and transportation expenses, purchases of office equipment (PCs, fax machines, printers, etc.), e.g. if you are requesting vehicles, please be aware that it is your responsibility to bear fuel expenses.
* **Please attach copies of price lists and image of equipment, if available.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Unit** | **Quantity** | **Price per unit ($)** | **Sum ($)** | **Model & country of production** |
| *For example, Ultrasound Diagnostic Scanner* | *pc* | *1* | *18300* | *18300* | *Noblus model, Hitachi Medical, Japan* |
| * **Specifications (complimentary details in set and etc.):** *with Doppler function, with three probes (linear, convex and transvaginal) and etc.*
* **Reason (why it is necessary to purchase this equipment):** *for ultrasound examination of patients*
* **Future location (corps, floor, name of room):** *main building, 3rd floor, room #10.*
 |
|  |  |  |  |  |  |
| * **Specifications (complimentary details in set and etc.):**
* **Reason (why it is necessary to purchase this equipment):**
* **Future location (corps, floor, name of room):**
 |
|  |  |  |  |  |  |
| * **Specifications (complimentary details in set and etc.):**
* **Reason (why it is necessary to purchase this equipment):**
* **Future location (corps, floor, name of room):**
 |
| **TOTAL:** |  |  |

 **Comments to the budget** (Here you can write any comments to the budget)