**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: 720014 Bishkek city, Tashkent Str., 35/1 (on the cross-section with Manas Ave.)

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) 37-55-15/16 or by e-mail at* [*kusanone.kg@gmail.com*](mailto:kusanone.kg@gmail.com)

Contents

1. [About Applicant](#_1._Applicant)
2. [About Project](#_2._Project)
3. List of Necessary Documents (Checklist)

|  |  |  |
| --- | --- | --- |
|  | 1 | **\*List of articles available and to be purchased** |
|  | 2 | **\*List of project expenses** |
|  | 3 | \*CV of the director and/or responsible personnel |
|  | 4 | Floor plan of the building (showing project sites, if applicable) |
|  | 5 | Location scheme of the equipment available (show the name, number of cabinet and floors). |
|  | 6 | Map showing the nearest rayon/oblast’s central district and your organization |
|  | 7 | Official written permission from relevant state organizations, if necessary |
|  | 8 | Photos of the bldg., equipment/furniture etc., if available |
|  | 9 | Pamphlet or brochure about your organization, if available |
|  | 10 | 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. 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:
* Age of students: : ex. 6-17 years old

1. FOR MEDICAL/SOCIAL INSTITUTIONS

* Number of staff (please write according to groups: senior medical staff, junior medical staff):
* Number of beds: if applicable
* Medical services being provided by your institution:

1. FOR LOCAL PUBLIC BODIES

* Population in the villages which belong to your Aiyl Okmotu:
* Number of villages which belong to your Ayil Okmotu:
* Names of villages which belong to your Ayil 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 #2 (List of equipment) 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: dd/mm/yy

Name of the head of organization:

Position:

Signature & impression:

***Attachment # 1***

***Grant Assistance for Grassroots and Human Security Programme/*** *format as of 18.09.2018*

**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 2 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 report:**