1. **Applicant**

|  |  |
| --- | --- |
| **Name of the Organization** | Name of your organization |
| **Status/Characteristics** | [ ] Local NGOs [ ] International NGOs[ ] Local government [ ] Medical institute [ ] Educational institute [ ] Public institution [ ] International organization [ ] Other |
| **Year of Establishment** |  year | **Number of Staff** |  number |
| **Main Activities**  | Describe the activities of your organization. |
| **Office Address** |  Office address |
| **Representative (Name, Title)** |  Representative |
| **E-mail address** |  e-mail address |
| **Phone number** |  Phone number |
| **Website (if any)**  |  website |
| **Additional contact information** |
| **Contact person (Name, Title)** |  Contact person |
| **E-mail address** |  e-mail address |
| **Phone number** |  Phone number |

* 1. **Project Experiences** *\*Please list up major projects your organization has implemented.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Name** | **Donor** | **Period** | **Amount**  |
| *e.g. The Project for XXXXXXXX* | *Embassy of Japan* | *Apr 2017**~ Mar 2018* | *90,000* |
| Project name | donor | period | amount |
| Project name | donor | period | amount |
| Project name | donor | period | amount |

**Financial Status** *\*Please fill-in a table of financial summary.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Year** | **Income**  | **Expenditure**  | **Balance** |
| **2022** | Income 2022 | Expenditure 2022 | Balance 2022 |
| **2023** | Income 2023 | Expenditure 2023 | Balance 2023 |

1. **Project *\*Please provide all the information.***

|  |  |
| --- | --- |
| **Title of the Project** | **The Project for** title |
| **Project Location** |  District and province |
| **Background of the Project** *\*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 objective data where possible.* |
| Problem and background |
| **Initiatives by the Applicant** *\*Please describe the effort by the applicant to solve the problem before applying for the grant.* |
| initiatives |
| **Objectives of the Project** *\*Please summarize goals, objectives and main activities that will be implemented.* |
| Goals and Objectives |
| **Expected Outcome of the Project** *\*Please identify the beneficiaries, their number, location, and anticipated benefits they will receive.* |
| Expected outcome |
| **Estimated Cost of the Project** *\*Please describe how you plan to use the budget and write down the approximate amount of expenses.* |
|

|  |  |  |
| --- | --- | --- |
| Descrirption | Total Price | Note |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  |

 |
| **Running Cost and Maintenance Plan** *\*Please describe how the running cost will be financed as well as the maintenance plan after completion of the project.* |
| Running Cost and Maintenance Plan |
| **Risks** *\*Describe the main risks that may arise during the implementation of the project.* |
| Risks |
| **Population of Beneficiaries** |  number People *\*Estimated direct beneficiaries* |
| **Duration** | numberMonths*\*Duration should be up to 12 months* |
| **Requested Budget** | (USD) US dollar (ZMW) Kwacha  |
| **Total Budget** (incl. other sources if any) | (USD) US dollar (ZMW) US dollar  |
| **Co-Finance (If any)** |  (USD) US dollar (ZMW) US dollar  |

1. **Note**
* Please make sure that the concept note is completely filled with all the relevant details.
* Please be aware that until your project is officially approved, the Embassy of Japan does not guarantee its funding possibility, although it is your responsibility to ensure that all efforts are made to increase your eligibility for the opportunity.
* The Embassy of Japan reserves the right to approve or decline any application at its sole discretion and no correspondence shall be entered into.
* In case of any false information, instability, suspicion, unethical behaviors or corruption observed or identified by the Embassy of Japan in relation to your organization, the Embassy of Japan will disqualify your project at any stage in the GGP process.
1. **How to Apply**
* **Submit this document together with the photo sheet and a quotation from a possible supplier** to grassrootszambia@lu.mofa.go.jp or the Embassy of Japan in Zambia directly**.**
* The E-mail subject line should be “GGP application (the name of your organization)”.
* If you do not receive a confirmation of receipt from the Embassy within **2 working days**, please contact us.

**Contact**

|  |
| --- |
| Embassy of Japan in Zambia Physical Address: No. 5218 Haile Selassie Avenue, LusakaEmail Address : grassrootszambia@lu.mofa.go.jp / Phone Number: 0211 251 555 |