**PROJECT CONCEPT NOTE 2025**

**Grant Assistance for Grassroots Human Security Projects (GGP)**

|  |  |
| --- | --- |
| 1. **Basic Information of Organization** | |
| 1. Name |  |
| 1. Office Address |  |
| 1. Telephone number |  |
| 1. 1st Alternative contact |  |
| 1. 2nd Alternative contact |  |
| 1. Website |  |
| 1. Email address |  |
| 1. Representative of Organization/Title |  |
| 1. Name of Contact Person/Project Officer, Email address and Telephone number(whatsapp) |  |
| 1. Number of staffs | Full time staffs: Part time staffs: |
| 1. Year of registration\* /number, country   \*Necessary to submit registration document. |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. **Experience of Organization** | | | | | | | | | |
| 1. Main activities (Type of Activity, implemented place and year). Please give 2 to 3 examples within 10 years. | | |  | | | | | | |
| 1. History of cooperation with other donors   \***Please submit the final report/photos of the projects.** | | | |  |  |  |  | | --- | --- | --- | --- | | Donor | Year | Amount | Activities\* | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  |   \*Please include information of target geographical area, specifying district and province. | | | | | | |
| 1. Stable financial resources to cover administrative and running costs of the organization (staff salaries, electricity, rent, paper, faxes, fuel etc.) | | | Yes | | | | | | |
| Amount per year: | |  | | | | |
| Source: | |  | | | | |
| No | | | | | | |
| 1. Has your organization approved for the GGP before? If yes, please give the applied year, sector and the name of the project. | | | Yes | | | | | | |
| Year: |  | | Sector: | | |  |
| Name of the project: |  | | | | | |
| No | | | | | | |
| 1. **Proposed Project Information** | | | | | | | | | |
| 1. Project Name | |  | | | | | | | |
| 1. Project Category | | Education Health Water & Sanitation Others ( ) | | | | | | | |
| 1. Project Site | | Province: | | | | | District: | | |
|  | | Administration Post: | | | | | Locality: | | |
| 1. Project Contents and Proposed Activities | |  | | | | | | | |
| 1. Project background, actual situation and the reason why the project is necessary | |  | | | | | | | |
| 1. Expected Effects/Results | |  | | | | | | | |
| 1. Expected number of beneficiaries and how it is calculated | | Direct: | | | | | | Indirect: | |
| 1. Proposed Budget   \* Please write all prices in US dollars.  \*External Audit is necessary to be executed when the total budget exceeds 3 million Japanese Yen. | | |  |  |  | | --- | --- | --- | | Item | Quantity | Estimated Price **(USD)** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **Total (Price in USD)** |  |  |  * Please note that all project budget items must be justified with **3 quotations** during the later phase of application. | | | | | | | |
| 1. Proposed Project Duration (ex. Until the complete of the construction)   (Maximum 1 year) | |  | | | | | | | |
| 1. Organization’s Experience in the similar projects | |  | | | | | | | |
| 1. Any additional information, if necessary | |  | | | | | | | |
|  | | | | | | | | | |
| 1. **Signature of Organization Representative** | | | | | | | | | |
| Name |  | | | | | | | | |
| Title |  | | | | | | | | |
| Signature | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| Date |  | | | | | | | | |

**SUBMIT THIS FORM in PDF and WORD FILE**

**For More Information**

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**Embassy of Japan**

Av. Julius Nyerere 2832, Maputo P.O. Box 2494

Tel: (21) 499819/20 Fax: (21) 498957

Contact person: Mr. Yukiyoshi Arisaka and Ms. Aula Nelson

Email: [yukiyoshi.arisaka@mp.mofa.go.jp](mailto:yukiyoshi.arisaka@mp.mofa.go.jp) and [aura.nelson@mp.mofa.go.jp](mailto:aura.nelson@mp.mofa.go.jp)