**PROJECT CONCEPT NOTE 2025**

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

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| --- |
| 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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