



# **From the People of Japan**

Instructions on application for grant assistance  
within KUSANONE (Grass-roots) Human  
Security Projects

APPLICATION FOR RECEIVING  
GRANT ASSISTANCE FOR HUMAN SECURITY PROJECTS OF THE  
GRASSROOTS PROGRAMME  
(PROGRAMME KUSANONE)

**I. APPLICANT**

(1) Name of the applicant

---

(2) Address

---

---

Fill in contact telephone numbers (office and cell phone)

(3) Telephone (including cell phone)

---

Fax

---

Email

---

Fill in contact e-mail address

(4) Contact person (first and last names)

---

(Position)

---

(6) Please reply to the following questions about your organisation.

**(A) Non-Governmental Organisation (NGO)**

(i) Year of establishing

---

(ii) Number of employees

---

(iii) Tasks of the institution

---

---

(iv) Main spheres of activity

---

---

---

Any non-profit organization can apply for the grant.

If the applicant is an NGO, charitable fund, other non-profit organization or local authorities, while the recipient is a hospital of a school, please fill in the information about both organizations. Please note that physical persons cannot apply for the grant.

For state, communal and other public entities please give information about partner non-profit organization. Such partner organization should have positive experience of project implementation and should have a bank account in a commercial bank.

**(B) School or research institute**

(i) Year of establishing

\_\_\_\_\_

(ii) Number of teachers (researchers)

\_\_\_\_\_

(iii) Number of students

\_\_\_\_\_

(iv) Purpose of research

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(C) Hospital or medical institution**

(i) Year of establishing

\_\_\_\_\_

(ii) Number of doctors

\_\_\_\_\_

(iii) Number of nurses

\_\_\_\_\_

(iv) Number of beds

\_\_\_\_\_

(v) Medical treatment provided by your hospital/institute

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In case of a base school or a branch institution please provide relevant information.

Please provide information about the level of medical institution, relation to medical district etc.

Total volume of files to be sent to the Embassy should not exceed 10MB in one letter. In other case please divide the materials into several letters.

If you have a document or a booklet representing your organisation, please attach it to this form.

## **2. PROJECT**

(1) Name of the project

---

(2) Location (including distance from the closest well-known city)

---

---

(3) Tasks of the Project

---

---

---

Explain the goals for the project. If possible, give measurable targets.

(4) Description of the project

---

---

---

---

---

Provide the grounding for the necessity of the project, e.g.

- In case of obsolete medical equipment, give information on the year of production, producer/brand, model, frequency of break-downs in last 3 years, statistics on operation rate (number of patients examined, number of service denial due to break-downs, demand numbers, problems and difficulties etc)
- In case of renovation works: year of construction, year of the last overhaul, actual temperature, light and humidity indices compared to the standard. Give quantitative and qualitative data on the situation. If available, provide the results of technical and energy audits of the building. Explain, which initiatives and measures have already been implemented in order to solve the problem.

Keep the explanations simple and short.

(5) Population that will benefit from the project

---

---

Provide estimation on number of people that will potentially use the equipment, basing on statistic numbers. Include geographical, social and economic factors, if necessary.

(6) Expected Project Results  
(Describe the connection between the project and its major goal and in which way the project will assist you in achieving your goal)

---

---

---

---

---

---

Describe estimated results and benefits of the project. Give quantitative estimations.

Keep the explanation simple and short.

(7) Estimated cost of the whole Project

---

---

\* VAT should be covered by the grant recipients (if applicable: 7% for medical equipment, 20% for other goods and services).

\*\* Recipients are also obliged to cover bank expenses for currency conversion (approximately 10,000 UAH).

Indicate the approximate project cost, taking into consideration price quotations from 3 suppliers, including the audit services.

Every year the amount of grant financing changes. The maximum amount is approximately UAH 2 millions without VAT.

Besides the bank commission for currency exchange, the recipient will need to cover the VAT expense for equipment/works/services to be purchased within the project scope, if applicable (7% for medical equipment and 20% for other goods and services).

Please attach a list of goods/services you intend to purchase through the GAGP fund.

(8) If you receive GAGP just for a part of the project how do you plan to finance the rest of expenditures? (VAT, bank fee etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(9) Duration of the project: \_\_\_\_\_ months

Please attach the following documents to this form.  
(If these are not available, please provide equivalent information to our Embassy).

- Maps of the project location
- Written estimates of goods/services from three suppliers

If KUSANONE program will not be able to cover the cost of all goods and services within the framework of the project, which financial sources will be used?

Who will pay the VAT and bank commission for currency exchange?

Who will cover the deficit of the project in case if it occurs?

Approximate period of time (duration in months) for implementation of the project.  
The implementation period cannot exceed 12 months.

Maximum volume of materials that can be sent to the Embassy via e-mail cannot exceed 10 MB per 1 sending .

Indicate the location of the facility (project object) on a print-screen of the electronic map of the city/district

Price quotation for supply of goods/services of pre-determined specification and quantity. The amount without VAT should be indicated.