The Government of Japan Grant Assistance for Grassroots Human Security Projects (GGP Programme)



From the People of Japan

# **APPLICATION FORM**

# <sup>for</sup> 2025 Health

## **IMPORTANT INFORMATION**

This application form goes with a separate GGP Information Sheet.
Please ensure that you have read through the GGP Information Sheet before completing the application form

## **CLOSING DATE:**

We will only accept applications which are postmarked or hand delivered on or before:

## Friday 07, March 2025

Country Name:	
Province:	
Municipality & Town:	
<b>Organisation Name:</b>	
Year founded:	
Contact Person:	
Telephone Number:	
E-mail Address:	
Requested Amount (Exc V	<sup>7</sup> at):

(Please indicate an exact amount based on the lowest of your 3 quotations)

What are you requesting the funding for?

## **General Information**

- Kindly ensure that you have the correct application form, as there are specific forms for various sectors. If you have received a copy of an application form from a third party and are not sure whether you have the correct form, please contact the Embassy for verification.
- 2. Read all questions and requirements carefully before completing the application form.
- 3. All questions must be completed properly and in full. Incomplete applications will be <u>automatically declined.</u>
- 4. Answers may be hand written or typed. If hand written, please write neatly and clearly. <u>Illegible applications</u> will not be considered and will be <u>automatically declined</u>.
- 5. Ensure that all information provided is correct. Applications containing <u>false information</u> will be <u>automatically declined</u>.
- 6. Ensure that you have made a copy of your application, including the quotations and attachments, as applications are sometimes lost in the post. Please note that faxed or e-mailed application forms will NOT be accepted.
- 7. Ensure you have attached all required information to your application and ticked it off on the checklist on page 4. Incomplete applications according to the checklist will <u>automatically be declined</u>.
- 8. Make sure you clearly indicate the exact total amount of your request, according to your submitted quotations.
- 9. The Embassy will NOT fax application forms to any organisation. Application forms will be posted or downloaded electronically on the website provided below.
- 10.Contact the Embassy if you have any queries or require assistance completing the application.
- 11. <u>The Embassy reserves the right to approve or decline any application at its sole</u> <u>discretion and no discussion shall be entered into regarding any result.</u>

## **Additional Information**

- 1. Please note that due to the large number of applications received during the year, it is not always possible to respond to your application immediately or acknowledge receipt thereof. You will be contacted by telephone or email if we need additional information in order to consider your proposal.
- 2. Make sure that the total cost remains within the budget: Our maximum budget for one project is **R2,400,000 (excluding VAT)**. Be careful this budget is subject to exchange rate between Japanese Yen, US Dollars, and South African Rand. It may increase or decrease because of exchange rate.
- 3. When obtaining the quotations from suppliers and builders, you need to make sure that the total costs do not exceed **R2,400,000 (excluding VAT).** If they do, please reduce the number of classrooms / items and obtain new quotations. Please bear in mind that we cannot assist projects exceeding our budget and such applications will be declined automatically.
- 4. Should the members of the community contribute the balance, then we request proof of that fact, e.g. copy of the bank account statement and a sworn affidavit that the money will be made available. Although contributions are not essential from the community, for projects less than R2,400,000(excluding VAT), we encourage and welcome such efforts by the community.
- 5. The Embassy does not fund facilities that are incomplete or that are currently under construction.

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V	Check List :	Please make sure that you attach ALL the necessary documentation and put a tick in the box provided to indicate what you have included.
П	Three Quotations v	vith cost breakdowns from three different contractors/suppliers
		tions from three different auditors* (for a project audit to verify project ial statements etc.)
**A	A SAICA/SAIPA/Lesoth	ho, Eswatini equivalent accredited firm will need to audit the project upon its completion
	Cost breakdown sh	eet (example Page 12)
	An NPO Certificato	2
□ ¥	our latest three ye	ears auditor's reports
	list of board men D document	nbers including their full names, contact details and certified copy of their
	letter promising	to maintain the project by your own budget
	letter explaining	how you will cover any excess costs should they be incurred
	A letter promising	to cover all bank service charges
	A letter promising	to cover the Value Added Tax (VAT by applicant or designated party)
	Letter from the re	elevant Government Department supporting your request
	a map indicating th	he location of your project
	A project implemen	ntation plan with monthly schedule
🗆 P	Proof of address (i.	e. a copy of your most recent utility account)
B	Booklet or pamphle	et of your organisation (if, available)
🗆 P	Photographs of you	r organisation/school depicting the current challenges
+ (	Construction p	project requests should include:
	An floor plan	
* Te	<b>verifying professio</b> o locate a contractor v	<b>b</b> certificate* from each contractor (or equivalent for SADC countries) onal accredited registration with a cidb certificate in your region you can conduct a search on the cidb website at: <u>a/reports/contractorlisting.asp</u> or contact them by phone. Tel: +27 12 482 7200
	A tax clearance ce	rtificate from each contractor
	A letter from the r items should it be 1	relevant Government Department(s) promising to provide additional necessary
	A diagram that sho complete (refer to g	ows the existing buildings and the foreseen situation after construction is page 10)
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DEVELOPMENT SECTION, EMBASSY OF JAPAN IN THE REPUBLIC OF SOUTH AFRICA, PRIVATE BAG X999, PRETORIA, 0001 259 Baines Street, Groenkloof, Pretoria, 0181 Tel: +27 12 452 1500 Fax: +27 12 460 3800 Email: ggp@pr.mofa.go.jp Website: http://www.za.emb-japan.go.jp/itpr\_en/ODA.html

☐ A certified copy of the title deed proving that you have ownership of the land

Proof of due environmental and social considerations as well as safety management during construction

## + Converted Vehicle project requests should include:

A design of the conversion of the vehicle

- A letter guaranteeing to cover all related costs including the hiring of a trained driver, recording the driving plan and activities, purchasing car insurance and other necessary action for at least 5 years
- A letter confirming utilisation of the vehicle solely for its prescribed purpose and parking in a safe place (such as a secure compound)

## + Specialised Medical Equipment project requests should include:

A letter guaranteeing to cover all related costs including the maintenance and insurance etc. of equipment for at least 5 years

## 1. APPLICANT'S DETAILS

	Please indicate how you came to know about our GGP funding and where did you get the physica
	Name of organisation:
(	Category: (Circle applicable categories ):
	*Government funded, Private funded (including community based or NPO funded)
	*Hospital, Clinic, or Other institution (please specify: )
)	Physical addresses (Head/ Main Office):
	Postal Code:
	Province:
)	Street Address of Project Location (if different from 1.4.1)
	Postal Code:
	Province:
3)	Is your project located in a township or does it service a township? YES / NO
4)	Mailing address: (Please supply correct information to avoid further delays)
	Postal Code:
	Province:
5)	Organisation's telephone number: ()
	Fax number: ()
	E-mail address:
	If you relocate or change your telephone number, please inform us immediately in writing.

Ownership of the project site:	
* Is your organisation the owner, tenant, other? (Spe	ecify)
* If you are not the owner, please explain the documents)	legal relationship with the landowner (provide relevant
* Postal address of owner:	
* Telephone number of owner:	
Project manager/individual who has signing power:	
Name:	Title: (Mr, Mrs, Ms,)
Position:	
Telephone number:	_Cell number:
E-mail address:	
Contact person (if different to Section (1.6.1):	
Name:	Title: (Mr, Mrs, Ms,)
Position:	
	_Cell number:
E-mail address:	
Contact person of Department of Health (Only requ	ired for public/government hospital)
Name:	Title: (Mr, Mrs, Ms,)
Position:	
Telephone number:	_Cell number:
E-mail address:	
What is the system of your hospital's budget / fund n	management?
	* Is your organisation the owner, tenant, other? (Sperimetry is a second sec

(1.8) Has your organisation received any financial or technical support from foreign governments, international organisations or NGOs (if previously funded by the Embassy of Japan please include the details)? If so, describe the content of the assistance (kindly attach separate list if space is insufficient):
 PLEASE SEE EXAMPLE IN THE FIRST LINE OF THE TABLE BELOW

Name of Donor	Year Funded	Amount Funded	Form of Assistance
National Lotteries South Africa	2017	R300,000.00	To construct two sports courts

#### \* Please attach separate list if space is insufficient

(1.9) Organization Structure	(1.9)	Organization Structure
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Number of personne	el: (Doctors, Nurses,	volunteers,	administrators etc	.)
compension of personal				• /

Doctors	Nurses	Admin	Volunteers
Others (please specify)			

(1. 10) Medical service given in your hospital / institution:

(1.11) Medical services currently lacking:

(1.12.1) Place of original establishment (circle one)	
South Africa, Other (specify:	

(1.12.2) Country of activities other than South Africa (if any):

(1.12.3) Purpose of establishment: Strategic objectives and main activities (*please attach organisational background/profile and organisational structure*)

)

(1.13) How has your organisation had a direct impact on the well-being of disadvantaged communities at the grass-roots level?

(1.14) Does your organisation have a constitution?(If yes, attach a copy)

YES / NO

#### 2. PROJECT OBJECTIVES

(2.1) For what do you require financial assistance from the Embassy of Japan? In other words: If you are successful with this application on what actual items will you spend the grant money? E.g. Building or renovating a clinic; buying a vehicle and converting it into a mobile library; buying medical equipment, etc.?

(2.2) Please state how many people will benefit from this project

(2.3.1) How will the completion of the project have a direct and immediate impact on the community?

(2.3.2) What measures does your organisation plan to take to ensure that disadvantaged or vulnerable people, including persons with disabilities, have full access to the project benefits?

(2.4) Please state your organisation's goals for the future of this project. Please be specific about your projects immediate goals, mid-term goals, and other possible goals in the future as well as how to achieve them.

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 DEVELOPMENT SECTION, EMBASSY OF JAPAN IN THE REPUBLIC OF SOUTH AFRICA, PRIVATE BAG X999, PRETORIA, 0001
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 259 Baines Street, Groenkloof, Pretoria, 0181
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 Website: http://www.za.emb-japan.go.jp/itpr\_en/ODA.html
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(2.5) What are some of the notable achievements your organization has accomplished in the last three years, particularly related to the grant request (e.g. if requesting a training centre, what are some of the skills development accomplishments)? Please state no more than three.

(2.6) Please state how you plan to keep your project in the best possible shape going into the future. In other words, how do you plan to service and maintain the project. E.g. Your medical equipment, mobile clinic etc.

(2.7) What are the general requirements and procedures of the Department of Health in your Province and District when it comes to your organisation receiving donation funds? Please be specific: what is the organisation expected to do when receiving a donation that is NOT from the Department of Health? (Only public/government hospital is required)

(2.8) Additional information on socio-economic issues in your community (village/town) in which the project will be implemented:

#### (Please indicate percentages and numbers regarding)

	%
1. The literacy rate	%
2. The unemployment rate	%
3. The percentage of people who receive social grants in your area	70
4. The number of people in the population	
5. Distance to nearest town (Name of town:)	km
6. Most widespred form of economic activity:	

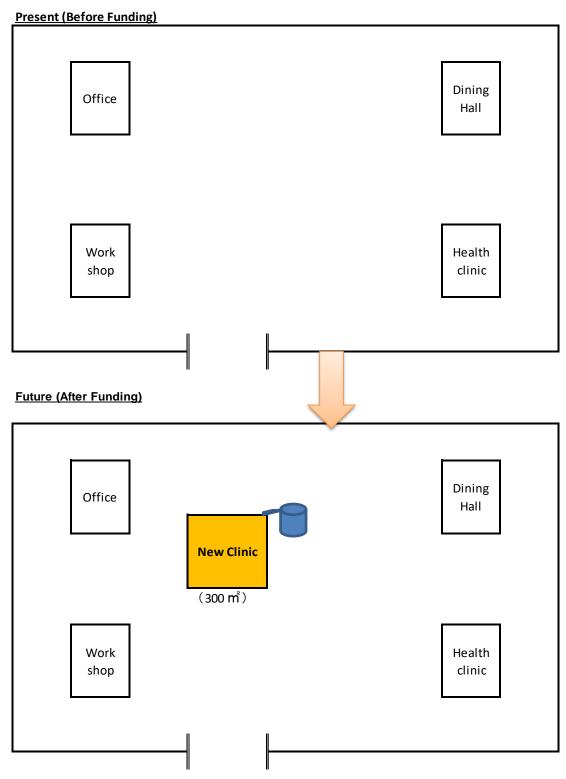
# \*PLEASE GET AS MUCH OF THIS INFORMATION AS POSSIBLE FROM OFFICIAL SOURCES E.G. LOCAL GOVERNMENT OFFICES, MUNICIPAL OFFICES, ETC.

## 3.1 Cost Breakdown

ACTIVITY	ITEM	QUANTITY	EXCL VAT	INCL: VAT
Audit Costs	Audit of project costs	1	R 10,000.00	R 11,500
	SUBTOTAL		R 10,000	R 11,500
Medical	I-Care Handheld	1	R 58,000.00	R 66,700
Equipment	Tonometer			K 00,700
	Auto Kerat/Refractor	1	R 76,000.00	R 87,400
	Meter			к <i>67,</i> 400
	Trial Case	1	R 2,800.00	R 3220
	Ophthalmoscope	1	R 5,225.00	R 6008.75
	Lithium Mini Charger	1	R 2,600.00	R 2,990
	SUBTOTAL		R147,425	R166,318.75
	·			
Project Budget	Fotal:		R157,425	R177,818.75

### 3.2 Allocation of Blocks

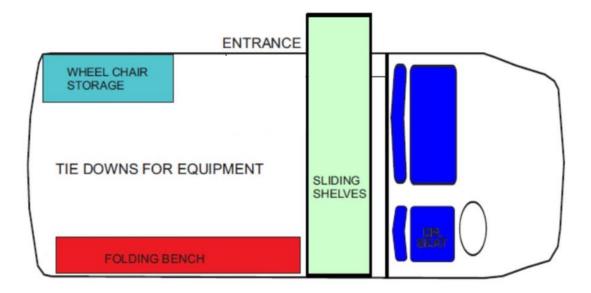
If your project involves construction, please supply us with a diagram of the current blocks' location and the foreseen blocks' location after funding, see example below (please attach it with an application form).



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## 3.3 Example of Conversion Diagram

If your project involves conversion of a vehicle, please supply us with a diagram of the conversion, see example below. \*This is only an example, please provide a diagram that matches your exact needs.



I, the undersigned, hereby declare that the statements, information and referenced attachments given in this Application Form are true and correct, and, when necessary, I will provide more information requested by the Embassy of Japan. I further understand this is only an application, and I will have no objections even if it is turned down as a result of an evaluation.

DATE: (day) (	nonth) (year)
NAME:	TITLE
POSITION:	
SIGNATURE:	

- (1) Because of economic changes, inflation increases, etc., the Embassy of Japan may request applicants to get further quotation(s), once they have been shortlisted.
- (2) It is most desirable to obtain the three separate quotations from suppliers who can provide both building materials AND labour in terms of smooth project implementation.
- (3) Construction quotations must show cost breakdowns (Materials, Labour, Transport etc...).

[Construction Ite			Amoun	
Mate		rials		0,000.00
Lab		our		0,000.00
Trans		sport	100	0,000.00
		(Total)	700	0,000.00
	VA	T (15%)	98	8,000.00
[]	Provision	of Equipm		Supplier]
Item		Qty	Unit Cost	Amount(R)
А		10	1,000	10,000.0
В		5	500	2,500.0
С		5	500	2,500.0
D		1	1,000	1,000.0
Transport				5,000.0
(Total)				21,000.0
VAT (15%)				2,940.0

Signature: \_\_\_\_ (Job Title) for (organisations name)

- (4) Please provide three more previous work reports (i.e., references that include; photos, reviews, and phone numbers) from the most reasonable (most affordable) contractor.
   \*It is the responsibility of YOU as the applicant to check the references.
- (5) NO COLLUSION (or any other fraud) between GGP applicants (including SGBs) and contractor(s)/supplier(s) will be tolerated. Please ensure all your contracts are obtained ETHICALLY.

- (6) GGP applicants are responsible for the relationships they make with contractor(s)/supplier(s) through the project for a year. It is therefore important to ensure that quotes are from trustworthy companies. Should there be any problems with contractor(s)/supplier(s), it is the responsibility of the applicant to sort them out.
- (7) It is of utmost importance that applicants are in contact with the actual contractor(s)/supplier(s) they wish to use. An applicant may not get a quotation from a third party without meeting the contractor(s)/supplier(s) and conducting business personally.
- (8) If you cannot find three contractor(s)/supplier(s) around your area, please write an explanation letter.

### **MAP OF PROJECT SITE LOCATION**

#### Please attach a Map (draw or use Google Map) showing nearest landmark

Map(s) indicating the Project site(s) together with written directions from nearest town/city.

(Note: Important landmarks e.g. post office, police station, cafe, road names,

important main roads e.g. N1, R34, D532 etc. & GPS co-ordinates if possible).

NORTH

## WRITTEN DIRECTIONS ON HOW TO GET TO YOUR PROJECT SITE FROM THE NEAREST MAJOR TOWN

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	