



APPLICATION FORM

for

2026

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, 06 March 2026

Country Name: _____

Province: _____

Municipality & Town: _____

Organisation Name: _____

Year founded: _____

Contact Person: _____

Telephone Number: _____

E-mail Address: _____

Requested Amount (Exc Vat): _____

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

What are you requesting the funding for?

General Information

1. 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 automatically declined.
4. Answers may be hand written or typed. If hand written, please write neatly and clearly. Illegible applications will not be considered and will be automatically declined.
5. Ensure that all information provided is correct. Applications containing false information will be automatically declined.
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 automatically be declined.
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. The Embassy reserves the right to approve or decline any application at its sole discretion and no discussion shall be entered into regarding any result.
12. We cannot cover the VAT required for each project. Before applying, please ensure that you are able to do so through your own financial capacity.

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 **R2,000,000 (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 **R2,000,000 (excluding VAT)**. If they do, please reduce the number of 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 R2,000,000(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.
6. We cannot cover the VAT required for each project. Before applying, please ensure that you are able to do so through your own financial capacity.
7. We encourage to use local supplier especially in construction project for the smooth implementation.

✓ **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.*

- ☐ Three Quotations with cost breakdowns from three different contractors/suppliers
- ☐ Three Audit Quotations from three different auditors* (for a project audit to verify project reports, project financial statements etc.)

***A SAICA/SAIPA/Lesotho, Eswatini equivalent accredited firm will need to audit the project upon its completion.*

- ☐ Cost breakdown sheet (example Page 12)
- ☐ An NPO Certificate
- ☐ Your latest three years auditor's reports
- ☐ A list of board members including their full names, contact details and certified copy of their ID document
- ☐ A letter promising to maintain the project by your own budget
- ☐ A 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)
- ☐ A letter from the relevant Government Department supporting your request
- ☐ A map indicating the location of your project
- ☐ A project implementation plan with monthly schedule
- ☐ Proof of address (i.e. a copy of your most recent utility account)
- ☐ Booklet or pamphlet of your organisation (if, available)
- ☐ Photographs of your organisation/school depicting the current challenges

+ *Construction project requests should include:*

- ☐ An floor plan
- ☐ An appropriate cidb certificate* from each contractor (or equivalent for SADC countries) verifying professional accredited registration
** To locate a contractor with a cidb certificate in your region you can conduct a search on the cidb website at: <http://registers.cidb.org.za/reports/contractorlisting.asp> or contact them by phone. Tel: +27 12 482 7200*
- ☐ A tax clearance certificate from each contractor
- ☐ A letter from the relevant Government Department(s) promising to provide additional items should it be necessary
- ☐ A diagram that shows the existing buildings and the foreseen situation after construction is complete (refer to page 10)

- ☐ 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**

(1.1) Please indicate how you came to know about our GGP funding and where did you get the physical form?

(1.2) Name of organisation: _____

(1.3) Category: (**Circle applicable categories**):

*Government funded, Private funded (including community based or NPO funded)

*Hospital, Clinic, or Other institution (please specify: _____)

(1.4.1) Physical addresses (Head/ Main Office):

Postal Code: _____

Province: _____

(1.4.2) Street Address of Project Location (if different from 1.4.1)

Postal Code: _____

Province: _____

(1.4.3) Is your project located in a township or does it service a township? YES / NO

(1.4.4) Mailing address: (Please supply correct information to avoid further delays)

Postal Code: _____

Province: _____

(1.4.5) Organisation's telephone number: (_____) _____

Fax number: (_____) _____

E-mail address: _____

If you relocate or change your telephone number, please inform us immediately in writing.

(1. 5) Ownership of the project site:

* Is your organisation the owner, tenant, other? (Specify) _____

* If you are not the owner, please explain the legal relationship with the landowner (provide relevant documents)

* Postal address of owner: _____

* Telephone number of owner: _____

(1.6.1) Project manager/individual who has signing power:

Name: _____ Title: (Mr, Mrs, Ms, _____)

Position: _____

Telephone number: _____ Cell number: _____

E-mail address: _____

(1. 6.2) Contact person (if different to Section (1.6.1):

Name: _____ Title: (Mr, Mrs, Ms, _____)

Position: _____

Telephone number: _____ Cell number: _____

E-mail address: _____

(1. 6.3) Contact person of Department of Health (**Only required for public/government hospital**)

Name: _____ Title: (Mr, Mrs, Ms, _____)

Position: _____

Telephone number: _____ Cell number: _____

E-mail address: _____

(1. 7) What is the system of your hospital's budget / fund management?

- (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 |
|--|-------------|--------------------|---------------------------------------|
| <i>National Lotteries South Africa</i> | <i>2017</i> | <i>R300,000.00</i> | <i>To construct two sports courts</i> |
| | | | |
| | | | |
| | | | |
| | | | |

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

- (1. 9) Organization Structure

Number of personnel: (Doctors, Nurses, volunteers, administrators etc.)

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.

- (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
4. The number of people in the population
5. Distance to nearest town (Name of town: _____)
6. Most widespread form of economic activity:

| | |
|--|-----------|
| | % |
| | % |
| | % |
| | |
| | km |

****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 Equipment | I-Care Handheld Tonometer | 1 | R 58,000.00 | R 66,700 |
| | Auto Kerat/Refractor Meter | 1 | R 76,000.00 | R 87,400 |
| | 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 Total: | | | R157,425 | R177,818.75 |

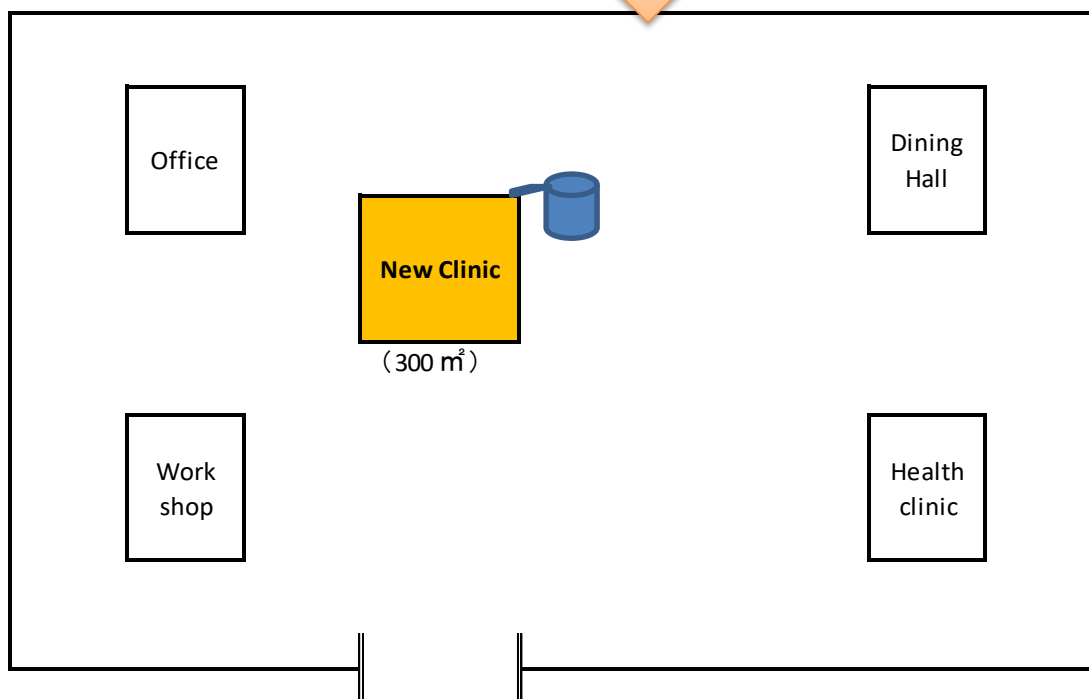
3.2 Allocation of Blocks

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).

Present (Before Funding)



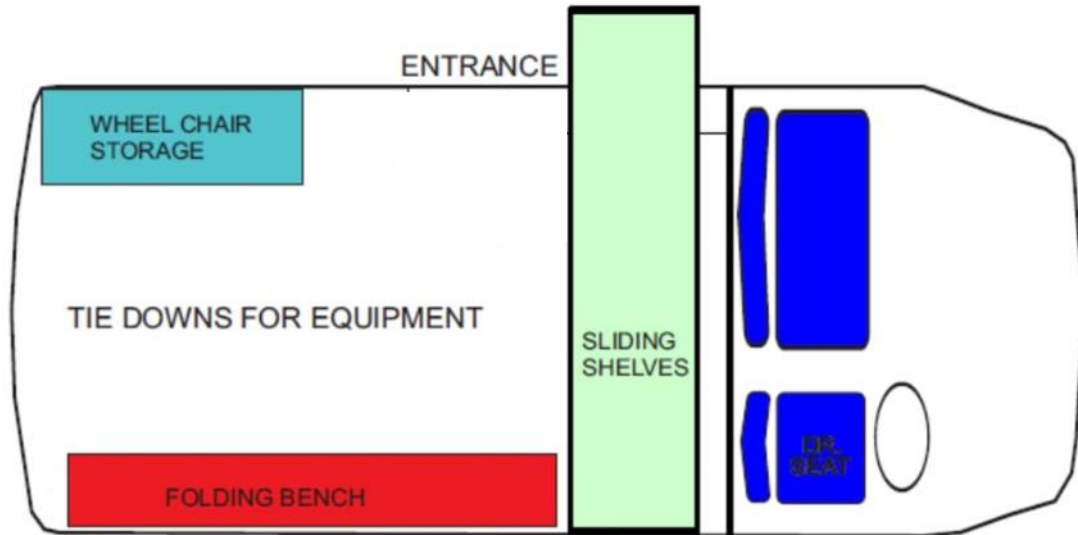
Future (After Funding)



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) _____ (month) _____ (year) _____

NAME: _____ TITLE _____

POSITION: _____

SIGNATURE: _____

Quotation Guidelines

- (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...).

Sample Quote. Do not copy this.

[Construction of OVC hall: *ABC Contractor*]

| Item | Amount (R) |
|-----------|------------|
| Materials | 400,000.00 |
| Labour | 200,000.00 |
| Transport | 100,000.00 |
| (Total) | 700,000.00 |
| VAT (15%) | 105,000.00 |

[Provision of Equipment: *ABC Supplier*]

| Item | Qty | Unit Cost | Amount(R) |
|-----------|-----|-----------|-----------|
| A | 10 | 1,000 | 10,000.00 |
| B | 5 | 300 | 1,500.00 |
| C | 5 | 500 | 2,500.00 |
| D | 1 | 1,000 | 1,000.00 |
| Transport | | | 5,000.00 |
| (Total) | | | 20,000.00 |
| VAT (15%) | | | 3,000.00 |

I hereby confirm that the above breakdown is based on the most reasonable(s) of the three (3) separate quotations for each item

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.