**APPLICATION FORM 2025**

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| **Attention !!** Please TYPE to fill in this form (maximum 8 pages). Handwritten and incomplete applications will NOT be assessed. Carefully read **the Application Guide** beforehand. |

**Date of submission: / / Submission deadline: November 28, 2024**

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| **1 BASIC INFORMATIONS** | |
| **1.1 BENEFICIARY ORGANIZATION (APPLICANT)** | |
| **Name of the organization:** | |
| **Type of organization** □National NGO □International NGO □Association □GIC □Cooperative □Health organization □Educative organization □Decentralized territorial communities □Vocational training centre □Others Specify**:** ) | |
| **Contacts and address of office** Name of the Head /post:  E-mail: Telephone 1: Telephone 2:  Address: Region: Post code: | |
| **1.2 PROJECT TITLE AND OVERVIEW**  \*Enter a detailed title of the project which describes the content of the project. | |
| **Project Title:** | |
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| **Specify quantitively the Work to be carried out** *(Example.: Construction of 4 classrooms (63m2))* ***:*** | |
| **1.3 SECTOR OF THE PROJECT** | |
| □Education □Health □Agriculture, farming, fishery □Water supply □Environment  □Women’s empowerment □Social □Socio-economic □Transport □Others (Specify): | |
| **1.4 TYPE OF THE PROJECT** | |
| □ Construction □ Construction＋Equipment □ Rehabilitation □ Rehabilitation＋Equipment □ Equipment □ Others (Specify): | |
| **1.5 COST / PROJECT DURATION** | |
| Funds requested from the Japanese Embassy: FCFA | |
| Total project cost: FCFA | Project duration: months |
| **1.6 PROJECT SITE** | |
| Address of the site:  (Sub division: Division: Region: )  Distance from Yaoundé : km Duration of the trip from Yaoundé to the site: | |
| **1.7 TARGET GROUP** | |
| Target beneficiaries (*specify*): | |
| Estimated Number of Direct and Indirect Beneficiaries  Direct: / Indirect: | |

Answer below if the sector of your project is of **education, health** or **water**.

**(Education project)**

The school is… □ private or □ public. 　　　　　Year constructed ………………

Current number of school children per class and grade ………………………………………………………….…

Total number of classrooms ……………… Current number of teachers ………………

Structure of classrooms and number: □Concrete….. □Iron sheet….. □Wood….. □Mud…. □Other…..

Distance from the nearest neighboring school .……....Km

**(Health project)**

(If the beneficiary group and /or the Applicant falls into health /medical sector)…Is it authorized from the Ministry of Public Health? □Yes □No □to be obtained (specify when: ……………)

Year of construction of the establishment ………………

Distance from the nearest health facility...……....Km

**(Water project)**

Distance from the nearest water source...……....Km

Have you done the hydrogeological study? □Yes □No □In progress (specify end date: )

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| **2. PROJECT DESCRIPTION** |
| **2.1 Socio-economic context in the target community**  \*Number of inhabitants, average income, main economic activities, other useful statistics depending on the project area such as school enrolment rate, mortality rate, etc. |
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| **2.2 Explain the problems encountered** |
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| **2.3 What kind of effort has the applicant organization / beneficiary community already made to try to solve the above problems?** |
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| **2.4 How will the project contribute to those solving issues and challenges?**  **(Expected impact of the project on beneficiaries)**  \*Specify the expected results in beneficiaries over the next five years both qualitatively and quantitatively. |
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| **3. COST AND SUSTAINABILITY OF THE PROJECT** | | | | | | | | | | | | | | |
| \*Cost of each activity or items must be calculated from the quotes the applicant gets prior to submission. They must be as accurate, realistic and reasonable as possible.  \*All projects financed by Embassy of Japanare subject to be controlled by external audit. Please mention external audit fee in the appropriate column. | | | | | | | | | | | | | | |
| **3.1 COST BREAKDOWN** | | | | | | | | | | | | | | |
| **a. Funding requested to the Japanese Embassy**   |  |  | | --- | --- | | **Project activities /elements** | **Amount (FCFA)** | |  |  | |  |  | |  |  | |  |  | |  |  | | **Total amount** |  |   **b. Other contributions** (If you have any)   |  |  |  | | --- | --- | --- | | **Source** | **Project activities /elements** | **Amount (FCFA)** | | Applicant’s own expense |  |  | |  |  | | Self-contribution from target beneficiaries |  |  | | Contribution of other donors *(specifiy)* |  |  | |  |  | | **Total amount** | |  |   **Total Project Cost (a. + b.): FCFA**  **Percentage of funding from Japan out of the total project amount: %** | | | | | | | | | | | | | | |
| **3.2 MANAGEMENT OF PROJECT FUNDS** | | | | | | | | | | | | | | | |
| Do you possess a bank account? | | | | | | | | | | □Yes | | | □No | | |
| Do you agree to open a specific joint bank account for project implementation which will be under the control of the Embassy, therefore require authorization from it to conduct each transaction (withdrawal, transfer, account closure etc.)? | | | | | | | | | | □Yes | | | □No | | |
| **3.3 INSURANCE FOR THE ACCOUNTING OF THE PROJECT** | | | | | | | | | | | | | | | |
| Will the external audit cost be included in the total amount of fund requested?  **\*External audit:** All projects financed by Embassy of Japanare subject to an external audit.  (If yes, you will be asked to get quotes from three different firms.) | | | | | | | | | | □Yes | | | □No | | |
| **(If “no”)** Who will finance the external audit cost?: | | | | | | | | | | | | | | | |
| **3.4 ACTIVITIES/ WORKS SCHEDULE**  \*Project is expected to be launched in April 2026 at latest and must be completed within one year after the signing of the contract. | | | | | | | | | | | | | | | |
| **Activities/ works** | **Month1** | **M2** | **M3** | **M4** | **M5** | **M6** | **M7** | **M8** | **M9** | | **M10** | **M11** | | **M12** | |
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| **3.5 SUSTAINABILITY STRATEGIES**  After completion of the project, who will be responsible for the management of the facility / equipment granted by funding from Japan ? (Who will be in charge of repair, maintenance and operation of the facility? How will you also ensure financial sustainability, for the next five years and beyond after the completion?) | | | | | | | | | | | | | | | |
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| **4. Information of the Applicant** | | | | | | | | | | | | | | | | | | |
| **4.1 STRUCTURE OF THE APPLICANT** | | | | | | | | | | | | | | | | | | |
| Year established: Year registered by the Government: | | | | | | | | | | | | | | | | | | |
| Related Ministry of the Applicant’s activities : | | | | | | | | | | | | | | | | | | |
| Does the Applicant have a Management Committee? □ Yes / □ No | | | | | | | | | | | | | | | | | | |
| **4.2 NUMBER OF EMPLOYEES**  \*The number of active members of the Applicant, including consultants and volunteers. | | | | | | | | | | | | | | | | | | |
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| **4.3 PERSONNEL**  \*Decision makers and person(s) who is responsible for this project must be included. | | | | | | | | | | | | | | | | | | |
| ***S/N*** | **Name** | | | | | **Position / Title** | | | | | | | **Role** | | | | | |
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| **4.4 PURPOSE AND MAIN ACTIVITIES OF THE APPLICANT** | | | | | | | | | | | | | | | | | | |
| **Purpose:** | | | | | | | | | | | | | | | | | | |
| **Main Activities:** | | | | | | | | | | | | | | | | | | |
| **4.5 PAST PROJECTS BY THE APPLICANT**  \*Documents related to past project(s) (e.g. report, minutes, certificate or contract) will be requested by the Embassy of Japan after pre-selection. | | | | | | | | | | | | | | | | | | |
| **Year** | | **Title of the project** | | | | | | | | **Name of Donor** | | | | | | | **Amount** | |
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| **4.6 FINANCIAL BALANCE FOR THE PAST FIVE YEARS**  \*You may add any comments if necessary. | | | | | | | | | | | | | | | | | | |
| **Year** | | | **Income** | | | | | | **Expenditure** | | | | | | | **Balance** | | |
| 2019 | | |  | | | | | |  | | | | | | |  | | |
| 2020 | | |  | | | | | |  | | | | | | |  | | |
| 2021 | | |  | | | | | |  | | | | | | |  | | |
| 2022 | | |  | | | | | |  | | | | | | |  | | |
| 2023 | | |  | | | | | |  | | | | | | |  | | |
| **Comments** | | |  | | | | | | | | | | | | | | | |
| **4.7 DETAILS OF REVENUE AND EXPENDITURE** | | | | | | | | | | | | | | | | | | |
| **Revenue** | | | | | **2019** | | | **2020** | | | **2021** | | | | **2022** | | | **2023** |
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| **Total** | | | | |  | | |  | | |  | | | |  | | |  |
| **Expenditure** | | | | | **2019** | | | **2020** | | | **2021** | | | | **2022** | | | **2023** |
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| **Total** | | | | |  | | |  | | |  | | | |  | | |  |
| **4.8 SOURCE OF REVENUE/ MAIN DONOR** | | | | | | | | | | | | | | | | | | |
| **Year** | | | | **Sources /donors** | | | | | | | | **Amount** | | | | | | |
| 2019 | | | |  | | | | | | | |  | | | | | | |
| 2020 | | | |  | | | | | | | |  | | | | | | |
| 2021 | | | |  | | | | | | | |  | | | | | | |
| 2022 | | | |  | | | | | | | |  | | | | | | |
| 2023 | | | |  | | | | | | | |  | | | | | | |
| 2024 | | | |  | | | | | | | |  | | | | | | |
| **4.9 DETAILS OF THE FINANCIAL BALANCE FOR THE YEAR OF 2024** \*You may add any comments if necessary. | | | | | | | | | | | | | | | | | | |
| **Income** | | | | | | | | | | | | | | | | | | |
| **Heading** | | | | | | | **Amount** | | | | | | | **Comments** | | | | |
| Carried over from last year | | | | | | |  | | | | | | |  | | | | |
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| **Total** | | | | | | |  | | | | | | |  | | | | |
| **Expenditure** | | | | | | | | | | | | | | | | | | |
| **Heading** | | | | | | | **Amount** | | | | | | | **Comments** | | | | |
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| **Total** | | | | | | |  | | | | | | |  | | | | |

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| **Please tick if you agree:**   * I hereby confirm that the information provided above is complete and true to the best of my knowledge and belief. I understand that providing false or fraudulent information will lead to my application being rejected. In case the falsehood has become clear after the payment had already been made, you will be subject to legal action taken by the Embassy of Japan. (This include an full refund plus interest of a specific rate determined in consultation with the Embassy Lawyer.)   **Name: Post:** |

**Annex**

**(CHECK LIST)**

**DOCUMENTS TO BE ATTACHED**

**□ 1. Quotes from three suppliers and auditors (if audit fee is calculated in the requested fund)**

**□ 2. Location map of the project site**

**□ 3. Detailed budget list of the project**

**□ 4. Construction design and/or picture of sample equipment**

**□ 5. Copy of Land Title and Building permit** (Indispensable for the construction project. The original will be requested during the selection process.)

**□ 6. Photos of the project site** (pasted on 1 or 2 pages in Word document)

* **7. Project management/ operational and financial plan for the five years after the completion of the project**

**□ 8. Copies of Registration certificate of the Applicant**

**□ 9. Statutes and internal regulations of the Applicant**

**□ 10. Copies of ID cards of the persons in charge of the Applicant**

**□ 11. Performance report of the Applicant of the past 3 years**

**□ 12. Financial balance sheet of the Applicant for the last 3 years**

**□ 13. Copy of the Applicant’s bank identity statement**

**□ 14. Location plan of the office of the Applicant**

In case necessary, you may be contacted to additionally submit:

**□ Copy of the hydrogeological study report** (if it is the construction of a water project)

**□ Copy of bank statement of the Applicant**

**□ Any brochure presenting the Applicant**

* **Any other documents providing information on the Applicant and the project**
* **Project narrative report** (If the Applicant has carried out other project in the past)

***NB:*** *The Embassy does not answer any questions on selection issues.*