## Asian Community Trust

## “The Umemoto Memorial Fund for Dental Service in Asia”

## *Grant Application Format*

## For local projects of providing dental treatments and

## other supports to leprosy patients in Asia

## Fiscal Year 2025 (Deadline: 24th January 2025)

(Project to be implemented **between April 2025 and March 2026**)

In preparing a project proposal, an applicant organization is requested to follow the guidelines of the format given below and to provide an answer to all the items listed. Please kindly note that the Secretariat may **refrain from presenting project proposals that fail to comply with the above request** to the Executive Advisory Committee of the trust for their review and selection.

**I. Information about the applicant organization:**

**1. Name of Organization** *(Please write officially registered name in your local language and English name*):

**2. □Registered organization / □Non-registered organization** *(Please check***)**

(For registered organization) Name of corporate status:

Name of ministry/department under which your organization is registered/approved:

**3. Organization’s representative** *(Chairperson / President who officially represents the organization and is authorized to sign legal documents)***:**

Name: Ms./Mr.

Title:

Address of his/her residence:

Date of Birth (Day/Month/Year):

**4. Organization’s Address, Telephone / FAX number, E-mail address:**

**5. Name and Titel of staff in charge of the project proposal:**

Name: Ms./Mr.

Title (Position in the organization):

**6. Name, Title (Position in the organization), and Signature of the organization’s Chairperson/President:**

Name:

Title (Position in the organization):

Signature:

**7. Date of submission:**

**II. Information on the proposed project:**

1. Project title (*in English*):
2. Project site and map \*

*\* Please write the names of administrative units in each level such as village (Barangay) / commune / city / district / province / region / country.*

*\* Please write the URL of the Google map if available.*

1. Nature of the project (Please check the appropriate item(s)):

New (　　)/Ongoing (　　　)/ Part of a larger program (　　)

1. Total project cost (**in local currency**):
2. Grant amount requested from ACT **(in local currency**):
3. Project duration:

For a project this year: starting in (date) \*\*\*\*, ending in (date) \*\*\*\*

1. Name of officer in-charge of the proposed project, his/her title and profile

Name:

Title:

Profile (please summarize within one or two paragraphs):

1. Number of expected beneficiaries 4000 individuals in 9 community

- Number of direct beneficiaries (for this year):

- Number of indirect beneficiaries (for this year):

- Total number of direct beneficiaries (for case of multi-year project):

- Total number of indirect beneficiaries (for case of multi-year project):

1. Population of the project site(s):
2. Please check which category/categories below the proposed project fits:

Sending a group/groups of medical experts from Japan to provide dental treatments to leprosy patients in developing countries in Asia (\*)

Providing dental treatments to leprosy patients in developing countries in Asia (\*)

Disseminating information related to sanitation to eradicate leprosy in developing countries in Asia (\*)

Other kinds of activities/activities to support leprosy patients and their families/communities in developing countries in Asia

\* Countries in Asia (as defined by the Japanese Ministry of Foreign Affairs (MOFA)) that are eligible to apply for an ACT grant are the Development Assistance Committee (DAC) recipient countries, namely Cambodia, Nepal, Bangladesh, East Timor, Bhutan, Myanmar, Maldives, Laos, Pakistan, Vietnam, India, Indonesia, Sri Lanka, Thailand, China, the Philippines, Mongolia, and Malaysia.

11) Experience and achievements of the applicant organization (including partner organization(s)) related to the above-mentioned categories you checked.:

**III. Rationale:**

1. What is the present situation in the community where the proposed project is focused?
2. What are the needs/problems, and how did you identify the needs/problems?
3. Relevance of the proposed project in responding to these needs/problems
4. What kind of process was undertaken in designing the project?

### IV. Details of the Project

* 1. **Objective\***
     1. Long-term (5-10 years) Objectives:
     2. Short-term (1-4 years) Objectives:
  2. **Design of the project – Please see attached Form A**

*Please use the Project Design Matrix (PDM –* **Form A***) provided at the end of this application form. You may describe the outline of the proposed project in your style if you find it difficult to use PDM, but please make sure to cover the instruction/indicators given in the Matrix.*

*In addition to the PDM, please write* ***a detailed explanation of each planned activity*** *(e.g. proposed date and venue, target number of participants, criteria in selecting participants, flow of events, expected outputs and other important details) in the space provided below.*

**\* Project Design Matrix (PDM)**

*PDM is a format to show the essential project components such as objectives, activities, input, risks, indicators, their logical interrelationships, etc.. PDM is usually created in the course of planning with people, groups or stakeholders concerned, using Project Cycle Management (PCM) method.*

*The PCM method is a tool for managing the project life cycle, which is comprised of three phases: planning, implementation, and evaluation phase, by means of a project format termed PDM. PDM is also known by a variety of names such as “Logframe” (Logical Framework), “Project Planning Matrix (PPM)”, a concept paper of a project, or a one page summary of a project.*

* 1. **Staffing for the project**
  2. **A diagram of the project organizational structure**
  3. **Outline of activities of the project for this fiscal year (April 2025 – March 2026):**

*(Please write the outline of EACH activity to be done in the proposed project between April 2025 and March 2026.)*

* 1. **Time schedule (one-year and multiple-year span\*)**

**A. Multiple-year schedule, starting from the first year of the project:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **FY2025** | | | | **FY2026** | | | | **FY2027** | | | |
| **Activity/Quarter** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** | **Q1** | **Q2** | **Q3** | **Q4** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

**B. Time schedule of this year:**

*Please list the schedule in the same order as the outline you wrote in “5) Outline of activities of the project for this fiscal year (April 2025 - March 2026)”.*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **2025** | | | | | | | | | **2026** | | |
| **Activity/Month** | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |

* 1. **Sustainability: Possibility of the continuation of the project after the completion of the grant period of ACT**

*Please explain how the beneficiaries can maintain financial sustainability after the completion of the project funded by ACT.*

* 1. **If the proposed project constitutes a portion of a larger program, please explain its origin, past achievements and financial resources. \***

*\* Please attach the budget and project / program plan and report (if it’s ongoing) of the larger program, with a list of donors and partner organizations which you work with.*

* 1. **Photos and other documents relevant to the proposed project**

*Please add captions to each photo.*

### V. Budget of the proposed project:　Please see attached Form 2 (Excel form)

### VI. Organizational Information:

*Please provide information on the following:*

1. General information on the organization (history from establishment to present, main programs/project/activities. Please write within 1 to 2 pages, A4 size):
2. Organizational chart:
3. Governing body:

Names of the governing body such as “Board of Directors”, list of its members with indication of the Chairman / Chief Executive Officer:

1. Number of staff members and their respective responsibilities
2. Sources and amount of self-generated income (e.g. membership fees, donation for general support, income-generating activity), if any
3. Other donors

Please list the donors for the last 3 (three) years, **between January 2022 and December 2024**, and provide relevant information.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year** | **Name of donor**  （Country） | **Name of a project supported** | **Duration of the project** | **Amount**  (Local Currency  OR US dollar) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. Affiliated organizations (*such as the name of network organizations of which you are a member, name of People’s Organizations you work with, etc.*):

### VII. Appendices:

*Please attach the following documents:*

1. Registration Certificate of your organization

*Please attach a copy of the registration certificate if possible*

1. Brochure describing the organization’s purpose and programs
2. Annual Report and Financial statements for the last two years

### Project Design Matrix（PDM）(Form A)

### Name of an applicant organization:

### Duration of the project (FY2024)：

### Project title:

### Target geographical area and target beneficiaries:

|  |  |  |  |
| --- | --- | --- | --- |
| **Narrative Summary of**  **the proposed project** | **Objectively Verifiable Indicators** | **Means of Verification** | **Important Assumptions** |
| Overall Goal of the project: |  |  |  |
| **Project Purpose：** |  |  |  |
| **Expected Outputs:** |  |  |  |
| **Planned activities:**  1. | Inputs |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
|  |  |  | Preconditions |