APPLICATION FORM

Asia Deaf Friendship Aid Project

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| 1. **Applicant Information**
 |
| Submission Date |  |
| Name of Organization |  |
| Country |  |
| Addressof Organization |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |
| URL of Web |  |
| Establishment Day |  |
| Information of Organization | Number of members |  |
| Number of staffs |  |
| Type of Organization | WFD OM / WFD AM / Others ( ) |

*If your organization is neither WFD OM nor AM, please attach an endorsement letter issued by one of WFD OMs.*

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| 1. **Contact Information**
 |
| Name |  |
| Title |  |
| Post |  |
| Country |  |
| Address  |  |
| Telephone Number |  |
| Fax Number |  |
| Email Address |  |

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| 1. **Project Information Form**
 |
| Project Name |  |
| Project Time Frame | From mm /dd / yyyy To mm / dd / yyyy |
| Project Type | *Please select one.*One shot / Long-term |
| Purpose of Project |  |
| Background of Project |  |
| Expected Outcome |  |
| Outline of Project |  |
| Deliverables | Report/DVD/Publication/Photos/Film/Others |
| Location of Project |  |
| Budget of Project | USD / JPY |  |
| Requested Amount | USD / JPY |  |
| Desired Date of Grant  | From mm /dd / yyyy To mm / dd / yyyy |
|  |  |

|  |  |  |
| --- | --- | --- |
| Other Donors | USD / JPY | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
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If the requested amount is over JPY1,000,000 in the case of one-shot project or JPY500,000 in the case of long-term project, please explain the reason.

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In the case of purpose for deaf school, please give a description to explain brief outline of the school.

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Project Budget Form

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| 1. **Project Revenues**
 |
| Donor’s Name | Amount  *Please select the currency unit* |
| 1. Asian Deaf Friendship Aid Project
 | USD / JPY |  |
| (B) | USD / JPY |  |
| (C) | USD / JPY |  |
| Total | USD / JPY |  |

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| 1. **Project Expenses**
 |
| 1. Asian Deaf Friendship Aid Project
 |
| Item Name | Amount (USD / JPY / Local Currency)*Please select the currency unit.* |
|  |  |  |
|  |  |  |
|  |  |  |
| Sub total | (a) |
| 1. Name of Other Donors
 |  |
| Item Name | Amount (USD / JPY / Local Currency)*Please select the currency unit.* |
|  |  |  |
|  |  |  |
|  |  |  |
| Sub total | (b) |
| 1. Name of Other Donors
 |  |
| Item Name | Amount (USD / JPY / Local Currency)*Please select the currency unit.* |
|  |  |  |
|  |  |  |
|  |  |  |
| Sub total | (c)  |
| Project Total | Amount (USD / JPY / Local Currency) *Please select the currency unit.* |
| (a)+(b)+(c) |

Currency Exchange Rate

 1 USD / JPY = as of (mm /dd / yyyy )

Project Schedule

|  |  |  |
| --- | --- | --- |
| Date | Location | Activities |
|  |  |  |

Project Evaluation

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| Expected Impact of the Project |  |
| Long Term Effect of the Project |  |