Fiscal Year 2023-24
**Japanese-Language Education Project Grant**

**Application Form Type A** (conference/seminar/workshop)

1. **Applicant Information**

|  |  |
| --- | --- |
| **Name of****Applying Institution** |  |
| Address | **Administrative Office:** | **Dept./Section in charge of the proposed project:** |
|  |  |  |
| Legal Status |[ ]  Non-profit Public Educational Institution | Educational Level |[ ]  Primary-school Education |
|  |[ ]  Non-profit Private Educational Institution |  |[ ]  Secondary Education |
|  |[ ]  Other Non-profit Organization |  |[ ]  Higher Education |
|  |  |  |  |[ ]  Other:       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Authorized Representative** President, Executive Director, Dean, Dept. Head, Superintendent, Principal, etc. | **Project Director** (Contact Person)Person in charge of the proposed project | **Financial Director**Person who will handle the grant payment check for the project |
| Name |[ ]  Prof. |[ ]  Dr. |[ ]  Mr. |[ ]  Ms. |[ ]  Prof. |[ ]  Dr. |[ ]  Mr. |[ ]  Ms. |[ ]  Prof. |[ ]  Dr. |[ ]  Mr. |[ ]  Ms. |
|  |  |  |  |
| Position /Title |  |  |  |
| Email |  |  |  |
| Tel / Ext.# |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Signature**(**Authorized Representative**) |  | **Date:**  |

1. **Project Information**

|  |  |
| --- | --- |
| Project Type: |[ ]  Workshop/Seminar/Conference which can provide professional development credits/units, clock-hours, or certificates of attendance for participating teachers |
|  |[ ]  Workshop/Seminar/Conference without such PD credits/units/hours/certificates |
| Project Scale |[ ]  Nationwide |[ ]  Multiple States |[ ]  Statewide |[ ]  Region-wide(county-wide, District-wide, etc.) |
|  | NOTE: Closed projects for a single school are **not** eligible.  |
| **Project Title** |  |
| Project Period | **From:**　　      /       /      　 | **To:**　　      /       /       |
|  | NOTE: The proposed project should be completed no later than March 31, 2024. |
| Project Venue |  |
| Co-Host Institutions/Organizations  |  |
| Other Sponsors and Supporters |  |

1. **Project Objectives**

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| --- |
|  |

1. **Detailed Project Descriptions**

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| --- |
|  |

1. **Guest Speakers, Lecturers, etc.**

|  |
| --- |
|  |

1. **Dissemination of the Project Outcome**

|  |
| --- |
|  |

1. **Expected Number of Participants:**

|  |  |  |
| --- | --- | --- |
| Japanese Language **Teachers** | Post-Secondary Schools (Collegiate Level) |  |
| Primary & Secondary Schools |  |
| Heritage Language Schools |  |
| Others (Example: TA or students working toward teacher certifications, etc.) |  |
| **Others:**       |  |
| **TOTAL:** |  |

1. **Professional Development (PD) Credits/Units/Clock-Hours** (if applicable)
2. What kinds of PD credits/units/hours are you planning to provide to the participants?

[ ]  University Credit

[ ]  Continuing Education Units (CEU)

[ ]  Professional Development (PD) Hours

[ ]  Others:

1. Expected number of participants who receive PD credits/units/hours for receiving/renewing teacher licenses:
2. Number of Credits/Units/Hours:
3. **Proposed Schedule**

|  |  |  |
| --- | --- | --- |
| Date | Description | Location |
|  |  |  |

**Budget Proposal**

1. **Expected Project Income**

|  |  |  |  |
| --- | --- | --- | --- |
| **Applying Institution (Own Funds)** | **Other Funds** | **Japan Foundation** | **TOTAL** |
| **Own Funds** | Income from **Registration Fees** to be collected from **Participants** (if applicable) |
| $ | $ | $ | $ | **$** |

1. **Expected Necessary Expenses**

|  |  |  |  |
| --- | --- | --- | --- |
| **Items / Specification** | **Breakdown** ($×day×persons, etc.) | **Sub-Total** | **Cost Sharing/Allocation** |
| **Estimated Amount** covered by **Own Funds** | **Estimated Amount** covered by **Other Funds** | **Requesting Amount** to **Japan Foundation** |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ |
|  |  | $ | $ | $ |  |
| **Grand Total** | **$** | **$** | **$** | **$** |

1. **Status of Other Funding Sources**

|  |  |  |
| --- | --- | --- |
| Sponsors | Status of Application | Amount |
|  |  |  |

1. **Information for Grant Payment**

If your application is successfully selected for our grant support, the grant will be paid by check.

|  |
| --- |
|[ ]  We have a bank account in our institution or school district’s name. |
|[ ]  We do not currently have a bank account, but will open the account by the time we receive the payment check. |
|  |  |
|  | The check should be made payable to: |
|  |  |