**Fiscal Year 2024-25**



**Salary Assistance Grant for Japanese-Language Courses
Application Form**

 **Case (1)**: We are **STARTING UP** a **BRAND NEW** Japanese program and need financial support to hire the instructor(s).

**NO LATE APPLICATIONS WILL BE ACCEPTED AT THIS TIME**

Date: / /2024

|  |  |
| --- | --- |
| **Name of****Applying Institution** |   |
|  | **School District** (If applicable) | **Department** (If applicable) |
|  |  |  |
| Address | **<Japanese Language Program>** | **<Administrative Office>** (If applicable) |
|  |  |  |
| 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:       |
| Status of Japanese Program | Please check all that apply. |
|  | <Pre-Collegiate Level> | <Collegiate Level> |  |
|  |[ ]  Compulsory |[ ]  Major (degree in B.A., etc. |  |
|  |[ ]  Compulsory Elective |[ ]  Minor |  |
|  |[ ]  Not-Compulsory Elective |[ ]  Compulsory Course (accredited) |  |
|  |[ ]  Extra-curricular Afterschool |[ ]  Optional Course (accredited) |  |
|  |[ ]  Others:      |[ ]  Others:       |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Authorized Representative** (To be signatory on all official paperwork)Dean, Principal, Superintendent, etc. | **Japanese Program Director** Person who is in charge of this application(**Contact Person**) | **Financial Director**Person who will handle the grantpayment check at the applying institution |
| Name | [ ] Prof. [ ] Dr. [ ] Mr. [ ] Ms. | [ ] Prof. [ ] Dr. [ ] Mr. [ ] Ms. | [ ] Prof. [ ] Dr. [ ] Mr. [ ] Ms. |
|  |  |  |
| Position within theApplying Institution |   |   |   |
| Email |   |   |   |
| Tel / Ext.# |   |   |   |
| **Signature**(Authorized Representative) |  | **Date:**  |

 **About Your Japanese Language Program**

**1. Please tell us the reasons why you are starting up a brand new Japanese program.**
 (Ex: “request from students and parents,” “strong sister city relationship,” etc.)

|  |
| --- |
|  |

**2. NEW Courses starting during the 2024-25 Academic Year:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Course Status**(Compulsory,Elective, Extra-Curricular, etc.) | **Instructors**(if already decided) | **Hours of Instruction****per week**(     hours/day x      days) | **Expected Number of Students** |
| **Name** | **Position**(Full-time,or Part-time) |
|  |  |  |  |  |  |
| **Expected Number in Total:** |  |

 **About Other Foreign Language Programs at Your Institution** (if any)

Please tell us about the foreign language education at your institution.

|  |
| --- |
|  |

 **About Other Japanese Language Programs in Your Nearby Area** (if any)

Please tell us about the current conditions of Japanese language education in the area.

|  |
| --- |
|  |

 **Budget Sheet**

1. **Desired Grant Period** (You may request funding for **TWO** years. The “**Start Date**” cannot be later than March, 2025.)

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date: |  **/ /**  | End Date: |  **/ /**  |

1. **Name of the Instructor(s)** who needs JF grant support**:**

|  |
| --- |
|  |

1. **Budget Proposal for Year 1 (2024-25 Academic Year)**

|  |  |  |
| --- | --- | --- |
| **Annual Necessary Expenses**of your Japanese Programduring the **2024-25** Academic Year  |  | **Cost Sharing/Allocation** |
| **Estimated Amount** to be covered by**Own Funds**  | **Estimated Amount** to be covered by**Other Funding Sources** | **Request Amount** that you want**Japan Foundation**to cover |
| **Annual Salary** of the instructor(s) | $ | $ | $ | $ |
|  **Fringe Benefits** of the instructor(s) | $ | $ | $ | $ |
| **Other Necessary Expenses** related to your Japanese Program, if any*
*
 | $ | $ | $ |  |
| **ANNUAL TOTAL** | **$** | **$** | **$** | **$** |

1. **Our grant is provided on a cost-sharing basis. How will you supplement the JF Grant with your own funds and/or other funding sources, if your application is successfully selected?**

|  |
| --- |
|  |

1. **Status of Other Funding Sources:**

|  |  |  |
| --- | --- | --- |
| Supporting Organizations | Status (pending or confirmed) | Amount |
|  |  |  |

1. **Information for Grant Payment:**

If your application is successfully selected for our grant support, the grant will be paid by check.
Failing to submit your signed Acceptance of Grant & Request for Payment form by the specified due date (within 2 months of notice of grant approval) could result in JFLA rescinding its grant.

|  |
| --- |
|[ ]  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: |
|  |  |

1. **Your Budget Plans for Maintaining Your Japanese Program on a Long-Term Basis:**

You are expected tomaintain your Japanese program on your own after our grant support is over. Please tell us your financial plans step-by-step on how your Japanese program will become self-sustaining beyond our grant period.

**While you are receiving grant support from the Japan Foundation:**

|  |
| --- |
|  |

 **After the JF grant support is over and beyond:** How will you fund your Japanese program after the JF grant support is over?

|  |
| --- |
|  |

1. **Your Advocacy Plans**

 What kinds of **advocacy efforts/activities** would you plan to do in order to **increase student enrollment**?

|  |
| --- |
|  |