**Fiscal Year 2025-26**



**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: / /

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| **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: | |

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|  | **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 grant  payment check at the applying institution | |
| Name | Prof. Dr. Mr. Ms. | | Prof. Dr. Mr. Ms. | Prof. Dr. Mr. Ms. | |
|  | |  |  | |
| Position  within the  Applying 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.)

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**2. NEW Courses starting during the 2025-26 Academic Year:**

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| **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.

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**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.

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**Budget Sheet**

1. **Desired Grant Period** (You may request funding for **TWO** years. The “**Start Date**” cannot be later than March, 2026.)

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

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

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1. **Budget Proposal for Year 1 (2025-26 Academic Year)**

Please try to be as accurate as possible in the Budget Proposal as you will be asked, if approved, to provide documentation which specifies actual teacher salary/pay rate.

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| **Annual Necessary Expenses** of your Japanese Program  during the **2025-26** 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?**

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

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

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

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1. **Your Advocacy Plans**

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

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