**Application Form**

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

## Japanese Teaching Materials Purchase Grant

## Fiscal Year 2024-25



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of**  **Applying Institution** | | Public schools, please include the name of the school district. (Example: ○○School District ●●High School) | | | | | | |
| **Dept./Section**  in charge of  the proposed project | |  | | | | | | |
| Address | | **<Japanese Language Program>** | | **<Administrative Office>** (if you have different address) | | | |
| Legal Status | | | Non-profit Public Educational Institution  Non-profit Private Educational Institution  Other Non-profit Organization | | Educational Level | Primary-school Education  Secondary Education  Higher Education  Other（     　） | |
| Status of  Japanese Program | | | Please check all that apply. | | | Duration of  Japanese Program | Started this year  Less than 5 years ago  5-10 years ago  10-15 years ago  15-20 years ago  More than 20 years ago |
| <Pre-Collegiate Level>  Compulsory  Compulsory Elective  Not-Compulsory Elective  Extra-curricular Afterschool  Others（     　） | <Collegiate Level>  Major (degree in B.A., etc.)  Minor  Compulsory Course (accredited)  Optional Course (accredited)  Others（     　） | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Authorized Representative**  President, Executive Director, Dean, Dept. Chair, District Superintendent, etc. | **Project Director** (Contact Person)  Person in charge of Japanese language program | **Financial Director**  Person who will handle the grant  payment check |
| **Name** | Prof. Dr. Mr. Ms. | Prof. Dr. Mr. Ms. | Prof. Dr. Mr. Ms. |
| Position |  |  |  |
| Email |  |  |  |
| Tel (Ext.#) |  |  |  |

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

**Timing of Grant Payment (PLEASE READ CAREFULLY)**We understand the following:

We **may not begin purchasing materials listed on our wish list** until we have received the official **Notice of Grant Approval** and have submitted our **Acceptance of Grant form**.

If awarded this grant, the payment check will not be provided until we have submitted **proof of payment**(all receipts/invoices which show that payment has been completed) as well as all other required documents (Final Report, Request for Payment Form).

The grant payment **check** will be **made payable to our institution**, **not** **to an individual.**  
(If we need to ask our Japanese language teacher to purchase items on behalf of our institution, we will reimburse him/her for the expense after we receive the grant payment check from the Japan Foundation.)

|  |
| --- |
| **Reason(s) for Application** |

**Outline of Japanese-Language Program**

1. Please describe your **Japanese program** (brief history, size, role in the community; Ex: “only Japanese program in the area”)

|  |
| --- |
|  |

**(2) CURRENT** **Japanese-Language Courses**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Course Title** | **Course Status**  Compulsory,  Elective,  Extra-Curricular | **Instructors** | | **Hours of Instruction**  **per week**  (     hours/day x      days) | **Number of Students** |
| **Name** | **Title/Position**  Full-time,Part-time |
| **Beginner**  **Level** |  |  |  |  |  |  |
| **Intermediate**  **Level** |  |  |  |  |  |  |
| **Advanced**  **Level** |  |  |  |  |  |  |
| Total Number: | | | | | |  |

1. **Student Enrollment Numbers**   
   (Have there been any recent changes/trends? What are your expectations for the enrollment in the coming years?)

|  |
| --- |
|  |

**(4)** What kinds of **ADVOCACY** efforts do you do to promote your Japanese program in and out of the campus to increase   
 the student enrollment?

|  |
| --- |
|  |

**(5) Connection with other educational institutions, if any.** (Exchange program with schools in Japan, etc.) ?

|  |
| --- |
|  |

**Wish List**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Priority** | **Title of Item** | **Publisher** | **Unit Price** | **Quantity** | **Total** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
| 31 |  |  |  |  |  |
| 32 |  |  |  |  |  |
| 33 |  |  |  |  |  |
| 34 |  |  |  |  |  |
| 35 |  |  |  |  |  |
| 36 |  |  |  |  |  |
| 37 |  |  |  |  |  |
| 38 |  |  |  |  |  |
| 39 |  |  |  |  |  |
| 40 |  |  |  |  |  |
| 41 |  |  |  |  |  |
| 42 |  |  |  |  |  |
| 43 |  |  |  |  |  |
| 44 |  |  |  |  |  |
| 45 |  |  |  |  |  |
| 46 |  |  |  |  |  |
| 47 |  |  |  |  |  |
| 48 |  |  |  |  |  |
| 49 |  |  |  |  |  |
| 50 |  |  |  |  |  |
| NOTE:Your total estimate of this wish list may be over $1000, but **JFLA will only cover up to the awarded grant amount.** If awarded the grant, you may only purchase items from this wish list. You may make changes to the list at any time, but you must notify and receive approval from JFLA prior to purchasing any items that were not on the original approved wish list. In case some of the items are out-of-stock when you place the order, we recommend that you list more than $1,000 worth of items at this time. You can later adjust what you actually purchase to stay within your budget. 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.  ↓Please check the box if applicable.  Our total estimate exceeds $1000, but we will cover anything over the awarded grant amount   when we actually place the order. | | | | **Subtotal** |  |
| Sales Tax |  |
| Delivery /Handling Charges |  |
| **Estimate**  **TOTAL** |  |
|  |  |
| **Request Amount of Grant: $1,000** | | | | | |