Fiscal Year 2025-26  
**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**  (To be signatory on all official paperwork) Dean, Principal, Superintendent, 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 must be completed no later than March 31, 2026. | | | | | | | | | |
| 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.  
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: |
|  |  |