**Fiscal Year 2025-26**



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

**Case (3)** We are obliged to **CLOSE** / **CUT BACK** the currentJapanese program due to **severe budget cuts** and need financial support for its **maintenance**.

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

Date: / /2025

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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. | Duration of yourJapanese Program | [ ]  Less than 5 years[ ]  5-10 years[ ]  10-15 years[ ]  15-20 years[ ]  More than 20 years |
|  | <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 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:**  |

**Budget Proposal**

1. **Desired Grant Period** (You may request funding for **ONE year**. 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**

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 Programduring 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:**

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| --- | --- | --- |
| 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.

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|[ ]  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. |
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|  | The check should be made payable to: |
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 **About Your Japanese Language Program**

**1. Please describe your Japanese program’s role in the community.** (Ex: “only Japanese program in the area”, etc.)

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**2. CURRENT** **Japanese-language courses** (during the current 2024-25 Academic Year)

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

**3. Which courses are in danger of cancellation during the 2025-26 academic year?**

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**4. What are the reasons for cutting back or closing your Japanese program?**

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**5. Japanese Program Student Enrollment**

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| **What enrollment trends have you seen in the past?** |
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| **What are your expectations for the enrollment in the coming years?** |
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**6. How are you CURRENTLY funding the teacher’s position(s) during this academic year (current 2024-25)?**

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**7. After one-year of grant support, you are expected to maintain your Japanese program on your own.**

Please tell us your financial plans on how your Japanese program will become self-sustaining beyond the grant period.

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

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

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

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 **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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