**2019 Medical Contribution Activity Subsidy (Overseas)**

**Activity Name（Clarify simply, in which country (region), to whom, purpose, activity, within 25 words）**

|  |
| --- |
|  |

**1. Applicant**

|  |  |
| --- | --- |
| Organization |  |
| Location |  |
| Representative | Name: | Position: |
| Applicant | Name: | Position: |
| TEL: | FAX: |
| e-mail: |
| Overview of Organization | Purpose, Philosophy: |
| Type of business and activities of the articles of association to which the activity theme corresponds (Excerpt from the articles of association): |
| Year of Establishment: | Number of Staff: | Number of Membership: |
| Main Financial Source:Membership fee: %, Donation: %, Business Revenue: %, Subsidy: %, Other: % |
| Main Business: |
| URL: |
| Results of the Previous Two Fiscal Years | FY2017 | FY2018 |
| Ordinary Income: | Ordinary Income: |
| Recurring Expenses: | Recurring Expenses: |
| Main Business Results:･････ | Main Business Results:･････ |

**2. Contact information in Japan**

\*Be sure to set up contact information in Japan. For example, branch of your organization, Japanese organization with which the activity is related etc.

|  |  |
| --- | --- |
| Name |  |
| Organization |  | Position |  |
| URL |  |
| Location | 〒 |
| Telephone |  | E-mail |  |

**3. Activity of Application**

|  |  |
| --- | --- |
| Target Person(s) |  |
| Activity Background and Necessity of Subsidy |  |
| Activity | Country, Region: |
| Purpose: |
| Expected Results: |
| Activity Plan, Schedule |  |
| Implementation System | System Chart / Organizational Chart: |
| Budget | Item | Unit Price, Quantity etc. | Total (\, $) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |
| Of these, the amount of this subsidy | ￥1,000,000 |

\*Please check attached materials.

Required

□ Articles of association

□ The previous fiscal year’s business report (If it is a booklet, please attach a copy of the relevant part)

□ The previous fiscal year’s financial report

Optional

□ Pamphlets of organization, guidance of activity, etc.

**You can freely enlarge or reduce the entry frames. You may also insert charts within the entry frames.**

**However, [Activity Name] and [1. Applicant] must be listed on page 1. Please keep the application within 4 pages.**