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

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

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**1. Applicant**

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| --- | --- | --- | --- | --- |
| 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 (\, $) |
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| 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.**