**2021 Medical Contribution Activity Subsidy (Overseas)**

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

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**2. 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 | FY2019 | FY2020 |
| Ordinary Income: | Ordinary Income: |
| Recurring Expenses: | Recurring Expenses: |
| Main Business Results:･････ | Main Business Results:･････ |

**3. 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 |  |

**4. 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.(Please describe clearly) | Total (\, $) |
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| Total |  |
| Of these, the amount of this subsidy | ￥1,000,000 |

※The subsidy amount is a fixed amount of 1 million yen, but the plan should indicate the budget of the entire activity.

\*Please check attached materials.

Required

□ Articles of association

□ List of officers

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

□ 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 6 pages.**