**2025 Medical Contribution Activity Subsidy (Overseas** **Contribution)**

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

|  |
| --- |
|  |

**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 | FY2023 | | FY2024 | |
| 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** \*Please describe your plans after December (expected date of acceptance notification)

|  |  |
| --- | --- |
| Target Persons  (Numbers) |  |
| Background and Necessity of Subsidy |  |
| Contents | Country, Region and Target Diseases/Medical care: |
| Goals to be achieved: |
| Expected Effects (If you have conducted similar activities in the past, please provide an evaluation of the results obtained from those activities.) : |
| Schedule |  |
| Implementation System | Chart is also acceptable: |

|  |  |  |  |
| --- | --- | --- | --- |
| Budget | Item | Unit Price, Quantity etc.  (Please describe clearly) | Total (\, $) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| 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 (excluding personnel expenses for employees who belong to the organization and overhead expenses related to the operation and maintenance of the organization).

\*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.**