様式第9号(第15条第2項) その2(英語) Form No. 9 (Article 15, Paragraph 2)

Application Form for Designated Grant Allocation

Date: _____

To: The President The Japan Foundation

With regard to the Designated Grant about which I received the informal notification of allocation dated ______ (Document number _____) I wish to implement the Grant-Financed Project as indicated below. Therefore I hereby apply for allocation of the Designated Grant indicated below in accordance with Paragraph 1, Article 15 of the Japan Foundation Regulations for the Administration of the Designated Donations Program.

Applicant

Name of representative:

Signature or seal:

Address:

Description

1	Amou	int of Designated Grant applied for	JPY	
2	Grant (1)	-Financed Project Name of project:		
	(2)	Dates of project implementation:	from	to
	(3)	Purpose, plan details, and anticipation	ted effects of project:	

(4) Planned budget for income and expenditure

				(Unit:	
Income		Expenditure			
Item	Amount	Item	Amount	Amount of Designated Gran used (Breakdown of estimated cost)	
1. Japan Foundation Designated Grant					
Amount applied for this time					
Amount previously allocated					
Amount scheduled for forthcoming fiscal year(s)					
2. Own funds					
3. Other organizations (describe each of them separately)					
4. Others					
Total		Total			

Note 1: If the amounts you wish to enter are in a foreign currency, please enter an exchange rate for the currency to Japanese Yen.

If your project has already been received or scheduled to receive other Designated Grant(s), *Note* 2: please state the amount(s) under "Amount previously allocated" or "Amount scheduled for forthcoming fiscal year(s)" respectively. However, it is not necessary to state such amounts in the case of single-year project plans.

3 Grantee

Nam	ne of organization						
	e of legal entity (e.g., dation, association):						
Date	of establishment:						
Repi	resentative - Title:	Name:					
Person in charge of administration - Title:		Name:					
Add	ress:						
Telephone number:		Facsimile number:					
Ema	il:						
4	Remittance address						
	Name of bank:						
	Name and address of branch:						
	Type of account (sav	Type of account (savings account/current account):					
	Account number:						
	Name of account holder:						
	Contact address of account holder:						
	Telephone number of account holder:						
	Currency:						