**FY2024 Social Welfare Grant Program　海外助成申込書2024年度** (Administration office use only)

|  |  |
| --- | --- |
| Receipt ID | Receipt stamp |
| Selection ID |
| Decision ID |

**International Grant Application Form**

To: Sompo Welfare Foundation

As a recommender, I will apply for the social welfare international grant program.

**\* Please check (☑) the relevant check box (**□**)** **and indicate the details.**

**1. Recommender** **推薦者** 2024/MM/DD

|  |  |
| --- | --- |
| Affiliation　所属(Company name. etc.) |  |
| Name　氏名 |  |
| Contact　連絡先 | TEL: FAX:  |
| Email | □ Applicable (Address: ) □ N/A |
| Recommender’s comments推薦者コメント | \*Indicate the relationship with the recommender and the recommended organization and reason for the recommendation.\*Please be sure to add the English-to-Japanese translation when written in English.※英訳で記載した場合、こちらに必ず和訳も記載してください。 |

**2. Summary of recommended organization　推薦する団体の概要**

Please confirm the following two points with the organization before submitting the application.

☐The organization agrees to disclose the name of organization, name of representative, address, project content, and grant amount if they are selected for the grant.

☐ The organization is not related to any antisocial elements. 団体が反社会的勢力とは一切関わりがないこと。

|  |  |
| --- | --- |
| Name of organization団体名 |  |
| Contact　連絡先 | TEL: FAX:  |
| Email | □Applicable (Address: ) □ N/A |
| Website | □Applicable (http:// ) □ N/A |
| Representative　代表者(First name, family name) |  Name and his/her title:  |
| Address of organization団体住所 |   |
| Contact of person in charge担当者連絡先 | Name and his/her title: |  |
| TEL: FAX:  |
| \*Please ask the following information to the recommended organization and fill out the fields to the best of your knowledge.　(Be sure to fill all the fields marked with a star [★] .Others than those are voluntary.)　★は必須項目 |
| ★Date of establishment設立年月 | MM/YYYY |
| Have you previously received our grant? | □ Yes (FY: YYYY) □ No  |
| Number of organization staff　団体職員の数 | Board member: Number of board of directors: Number of auditors: Staff member: Number of full-time staff: Number of part-time staff:  |
| Number of volunteers |  (Including the number of Japanese: )  |
| Membership　会員数 | Number of regular members: Number of supporting members:  |
| ★Income and expenditure in the last two years　収支状況\*Specify in the local currency.\*\* Specify used currency code. | - Income and expenditure account statement in the previous year (FY2023)Total income (Currency code: ) Total expenditure (Currency code: ) - Income and expenditure budget sheet in the current fiscal year (FY2024)Total income (Currency code: ) Total expenditure (Currency code: )  |
| ★Total assets of organization　総資産額\* Specify in the local currency.\*\* Specify used currency code. |   (Currency code: ) |
|  |  |
| ★Mission of organization団体のミッション | \*Indicate briefly the official statement of the organization. |
| Implemented activities団体の活動実績※具体的に記入してください | \*Specify five major projects implemented in the previous fiscal year.1)2)3)4)5) |
| \*Indicate the implemented activities in the past specifically including the characteristics and details of the activities of the organization.\*If the organization has any relation to Japan (e.g. funding or participation of management staffs/volunteers), indicate specifically. |
| \*Specify the name of organization (e.g. administrative body, university, embassy, JICA) you work with for the projects, if any.　 \*Please be sure to add the English-to-Japanese translation when written in English.※英訳：英語で記載した場合、こちらに和訳も記載してください。 |

**3. Proposed project for grant (grant project) 本助成に申請する事業(助成対象事業)**

Please ask the following information to the recommended organization and fill out the fields to the best of your knowledge.

(Be sure to fill all the fields marked with a star [★] .Others than those are voluntary.)

\*When this section is written in English, Please provide us with the Japanese translation in Section 7.

|  |  |
| --- | --- |
| ★Project name事業の名称 |  |
| Main project field　主な事業分野 | □ Children □ Elderly □ Disabled (physically, intellectually, mentally, developmentally) □ Poverty or Inequality □ Others ( ) |
| ★Goal and purpose of project, and project policies事業の目標目的、方針 |  |
| ★Impact expected as a result of project実施後の効果 |  |
| Prospects after next year次年度以降の展望 | \*Indicate the prospects of the continued efforts after the next year regarding the proposed project. |

Please specify the following fields if the target of the project is disabled people.　障害者を対象とする場合に記載

|  |  |
| --- | --- |
| Type and number of people (number of people involved in the project)　利用者数 | □ Number of physically disabled: □ Number of intellectually disabled: □ Number of mentally disabled: □ Others (Specify: ):  |
| Mean number of people involved per day: Total number of people involved in a year:  |

**4. Application amount of grant, expected income/expenditure, and use of the grant**

**助成金申請額と収支見込・助成金使途**

|  |  |
| --- | --- |
| **Application amount****助成金額** | **Specify in the local currency.　　現地通貨で記入** **(Currency　code: )** \*Exchange rate to JPY (1 local currency = JPY, Exchange date: MM/DD　　　　　　)(up to 1,000,000 JPY　上限１００万円　)　 |
| **Income of the project　本事業の収入** | **Expenditure of the project　同支出** |
|  | Amount　金額 (Specify in the local currency) |   | Amount　　金額(Specify in the local currency )  |
| **1．Internal funds****自己資金** |  | **1．Major expense items that is to be covered by the grant****主な助成金充当費目****\* Specify the breakdown so that the basis for calculation can be understood.**  |  |
| **２．Amount applied to this grant****本助成申請金額** |  |   |  |
|   |  |
| **３．Other income** **その他収入**\*Specify other income, if any.　あれば記入 |  |   |  |
|   |  |   |  |
|    |  |  |  |
|   |  | **助2.Total amount of expense items that are not to be covered by the grant****助成金対象外の費目の合計** | 金  |
| **Total income（１＋２＋３）****合計収入金額** |  | **Total expenditure（１＋２）****合計支出金額** |  |

\*Total income should be equal to total expenditure.　合計収入と合計支出金額は一致させてください。

**\*Please note that it is not acceptable to use the grant for expense items that are not intended to be covered by the grant.　助成金の対象とならない費目への資金使途は認められません。**

\*Covered items (example): Personnel expenses, speaker fees, meeting expenses, purchase of equipment/furniture and fittings/appliance/supplies, travel expenses, communication expenses, printing cost, and repair and construction expenses　対象費目（例）：人件費、講師謝金、会議費、機材・什器・備品、交通費・通信費、印刷費、工事改修費

 Note: Personnel expenses shall be up to 30% of the grant amount.　人件費は助成額の３０％限度

**5. Previously received grant 　過去の助成歴**

|  |
| --- |
| If the organization received any grants in the last two years, specify the year, name of the granting organization, details of the grant, and the grant amount.　過去2年間に受けた助成について 受給年・助成団体名・助成内容・金額 |
| Specify the following fields if the organization is applying for grants of any other organizations regarding the same or related project.　本事業と同じまたは関連する活動について、他の助成団体に申請している場合、記入Name of granting organization: Application theme (Project name): Application amount: (Currency code: ) The result will be informed on: YYYY/MM  |

**6. Attached documents (Documents we require from the recommended organization)　添付書類**

Please collect the following documents, 1) to 7), from the recommended organization, and send them to us.

(Please send them within the application period.)

|  |  |
| --- | --- |
| Check | Attached documents required |
|  | 1) Brochure or the like which provides summary of the organization　　 団体のパンフレットなど |
|  | 2) Income and expenditure account statement (previous fiscal year) 収支計算書(前年度) |
|  | 3) Income and expenditure budget statement (current fiscal year)　　　 収支予算書（当年度） |
|  | 4) Balance sheet (previous fiscal year) 貸借対照表(前年度) |
|  | 5) Project report (previous fiscal year) 　　　　　　　　　　　　　　　　　　　 事業報告書(前年度) |
|  | 6) Project plan (current fiscal year)　　　　 事業計画書（当年度） |
|  | 7) Approximate estimation sheet (for goods purchasing or the like)　　概算見積書（物品購入等の場合） |
|  | (Please specify here if any other documents are enclosed)　　　　　　　その他、添付資料があれば記入 |
|  |  |

* 書類の取り付けなどについて、ご質問があれば財団にご連絡ください。

**7.　Please fill out the following fields in Japanese. These items are the same questionnaire as Section 3.**

**項目３「助成対象事業」を英語で記載した場合、こちらに必ず和訳を記載してください。**

|  |  |
| --- | --- |
| 事業の名称  |  |
|  |
| 事業の目標・目的、実施方針 |  |
| 実施後に期待される効果 |  |