FY2023 Social Welfare Grant Program　海外助成申込書 2023 年度
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

2023/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 (FY2022)
	Total income _____ (Currency code: _____)
	Total expenditure _____ (Currency code: _____)
	- Income and expenditure budget sheet in the current fiscal year (FY2023)
	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			
		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	
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	