

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2018 Grant Application Form**  **TOMODACHI Initiative** | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| TOMODACHI’s Mission and Vision: The TOMODACHI Initiative is a public-private partnership, born out of support for Japan’s recovery from the Great East Japan Earthquake, that invests in the next generation of Japanese and American leaders through educational and cultural exchanges as well as leadership programs. We seek to foster a “TOMODACHI generation” of young American and Japanese leaders who are committed to and engaged in strengthening U.S.-Japan relations, appreciate each other’s countries and cultures, and possess the global skills and mindsets needed to contribute to and thrive in a more cooperative, prosperous, and secure world. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please fill out all fields to the best of your abilities. If a field does not apply to your proposal, write N/A. All financial figures and budget items should be in the currency in which you would like to receive the funds (Yen or Dollars). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A. Organization Information (Applicant)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | Official Organization Name  (full name and any acronyms): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 2. | | President/CEO (name and title) | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | Organization Type (e.g. 501(c)(3), 特定非営利活動法人 ): | | | | | | | | | | | | | | | | | | |  | | Year of Registration: | | | | | |  | | | | | | | | |  | | |
| 4. | | Annual Operating Budget (most recent completed year): | | | | | | | | | | | | | | | | | | |  | | | | ¥/$ | | | | |  | | | | | | |  | | |
| 5. | | Have you received TOMODACHI funding before? If so, please describe: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
| 6. | | How did you hear about this opportunity? If you have previously been in contact in TOMODACHI, please describe briefly: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
| 7. | | Briefly describe your organization’s overall mission and programs/services: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **B. Program & Budget Overview** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. | Proposed Program Title: | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 9. | Brief Program Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| 10. | Number of persons impacted by the program *(estimate if needed)*: | | | | | | | | | | | | | | | | Directly: | | | | |  | | | | Indirectly: | | | | |  | | | | |  | | |
| 11. | Areas Served (e.g. Iwate Prefecture, New York City etc.): | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | |
| 12. | Age Range Served (e.g. high school, young professionals etc.): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  | | |
| 13. | Total Proposed Program Budget: | | | | | | | | | | | | |  | | | | | | | | | | $/¥ | | | *(in currency in which you prefer to receive funds)* | | | | | | | | |  | | |
| 14. | Amount Requested from TOMODACHI: | | | | | | | | | | | | |  | | | | | | | | | | $/¥ | | |  | | |
| 15. | Funding Coverage Term: | | | | | | | | | Start Date *(yy/mm/dd):* | | | | |  | | | | End Date *(yy/mm/dd):* | | | | | | | | |  | | | | | | | |  | | |
| 16. | Will you require staffing/non-financial support from TOMODACHI to implement the program? If so, describe: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. | Has your organization requested funding from other organizations for this program? If yes, please provide: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | | | |
|  |  | | | Funding Organization Name: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | Total Amount Requested: | | | | | | | | |  | | | | | | | | | | | $/¥ | | | | | | | | | | |  | | | |
|  |  | | | Total Amount Secured: | | | | | | | | |  | | | | | | | | | | | $/¥ | | | | | | | | | | |  | | | |
|  |  | | | Date Secured Funds Arrived/Will Arrive: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | | | |
| 18. | If you do not secure funding from TOMODACHI, what will happen with the program? Do you have other plans to secure the additional funding required for the program? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Program Design & Logistics** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. | Describe the program implementation plan. Address core program components listed below. Add more rows if needed. You may include a proposed program schedule as an attachment. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Activity | | | | | | Timeline (days, weeks, months, etc.) | | | | | Elements Involved in Each Activity | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Program Development | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Coordination with partners (if any) | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Participant Recruitment | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Participant Selection | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Program Orientation | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Program Implementation | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. | Please list any partner organization(s) with which you are working on this program and describe their role. Will you issue grants to other organizations?   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. | Please describe how the program will be coordinated with local government authorities (if applicable): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22. | Does the program develop local capacity? If so, how? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. | Has your organization carried out similar or related programs in the past/present? Describe the organization’s capacity and past accomplishments that demonstrate your ability to successfully run the proposed program:   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **D. Program Assessment** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24. | Programs are considered based on their alignment with the TOMODACHI Mission and their potential for meaningful impact. Please explain how the program aligns with the following selection criteria:   |  |  | | --- | --- | | How will the program promote cross-cultural exchange between the United States and Japan? |  | | How will the program empower the next generation of Japanese and American leaders? |  | | How will the program expose underserved communities to foreign cultures? |  | | How will the program bring new and diverse voices to the U.S.-Japan relationship? |  | | Does the program address a need or aim to tackle a challenge in an underserved area (geographic, demographic, social, sector)? |  | | How will the program contribute to the longer term recovery of Tohoku (if applicable) and/or benefit Japan more broadly? |  | | Is the program intended to be a long-term program? If so, will the program continue even after TOMODACHI support has ended? If not, how will the program impact be sustained? |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. | On a scale of 1-5 (1= lowest rank; 5 = highest rank), which of the following five areas of development does your program address? You can assign the same rank to multiple areas. We have provided some sample elements/metrics for each development area. Please delete or add elements/metrics as they apply to your specific program and describe how you will monitor and evaluate participant development in the five areas listed below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  |  |  | | --- | --- | --- | | Area | Elements/Metrics | How Monitored and Evaluated | | Personal Development  Rank = | * Increased self-confidence * Increased maturity * Tolerance of individual differences * Interpersonal communication skills |  | | Intercultural Development  Rank = | * Understands own cultural values and biases * Interested/passionate about other languages/cultures * Ability to communicate in a foreign language * Interacts with people from different cultures |  | | Academic Development  Rank = | * Intellectual curiosity * Experiences innovative, entrepreneurial education |  | | Professional Development  Rank = | * Acquires skill sets for career path * Establishes professional relationships and contacts * Exposed to global work environment |  | | Leadership Development  Rank = | * Develops awareness of own leadership strengths/challenges * Exposure to different leadership types and skills * Interaction with mentors * Development of/exposure to public service mindset |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. | How will you evaluate the overall program impact?   |  |  | | --- | --- | | **Elements/Metrics** | **How Monitored and Evaluated** | | * Life-transforming opportunity * Builds values and character of a cross-cultural leader * Teaches participants to inspire and develop others * Cultivates participants to develop solutions and build capabilities as an impact-oriented problem-solver |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27. | Describe any risks/obstacles that may prevent the program from achieving its goal(s):   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **E. Main Point of Contact for this Application** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Name: | | |  | | | | | | | | | | | Title: | |  | | | | | | | | | | | | | | | | | | |
|  | | Organization  Name: | | |  | | | | | | | | | | | Organization  Website: | | | | | | | |  | | | | | | | | | | | | |
| Email: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Street Address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| City: | | | |  | | | | | | | | | | Prefecture/State: | | | | | | | | |  | | | | | | | | | | | |
| Postal Code: | | | |  | | | | | | | | | | Country: | | | | | | | | |  | | | | | | | | | | | |
|  | | Phone Number (Day): | | | | | |  | | | | | | | | Phone Number (Evening): | | | | | | | | |  | | | | | | | | | | | |

**Application Instructions**

Carefully review eligibility and program requirements available at <http://usjapantomodachi.org/get-involved/how-to-apply-for-a-tomodachi-grant/>

Use the TOMODACHI grant application checklist to complete your application

Submit the following documents via email to: [tomodachigrants@usjapancouncil.org](mailto:tomodachigrants@usjapancouncil.org)

1.[TOMODACHI Initiative Application Form](http://usjapantomodachi.org/?attachment_id=10739) (this form)

2. [Itemized Budget](http://usjapantomodachi.org/?attachment_id=10738)

3. Names, titles, and resumes of all staff who would help develop and implement the program

4. Proof of organization’s non-profit status (501(c)(3) or Japanese documentation)