

Grant Application Form

Use this form to apply for a **Daiwa Foundation Small Grant** or a **Daiwa Foundation Award**.
Please read 'Grant Application Notes' at the beginning of this document before completing the form.

1. PROJECT LEADER

| | |
|-------------------|---|
| Organisation | <input type="text"/> |
| Surname | <input type="text"/> |
| First name | <input type="text"/> |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other: |
| Position | <input type="text"/> |
| Department | <input type="text"/> |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> |
| Town | <input type="text"/> |
| County/Prefecture | <input type="text"/> |
| Postcode/Zip code | <input type="text"/> |
| Country | <input type="text"/> |
| Telephone number | <input type="text"/> |
| Fax number | <input type="text"/> |
| Website | <input type="text" value="http://"/> |
| Email address | <input type="text"/> |

2a. PROJECT PARTNER

| | |
|-------------------|---|
| Organisation | <input type="text"/> |
| Surname | <input type="text"/> |
| First name | <input type="text"/> |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other: |
| Position | <input type="text"/> |
| Department | <input type="text"/> |
| Address | <input type="text"/> <input type="text"/> <input type="text"/> |
| Town | <input type="text"/> |
| County/Prefecture | <input type="text"/> |
| Postcode/Zip code | <input type="text"/> |
| Country | <input type="text"/> |
| Telephone number | <input type="text"/> |
| Fax number | <input type="text"/> |
| Website | <input type="text" value="http://"/> |
| Email address | <input type="text"/> |

2b. PROJECT PARTNER

| | |
|-------------------|---|
| Organisation | |
| Surname | |
| First name | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other: |
| Position | |
| Department | |
| Address | |
| | |
| | |
| Town | |
| County/Prefecture | |
| Postcode/Zip code | |
| Country | |
| Telephone number | |
| Fax number | |
| Website | http:// |
| Email address | |

2c. PROJECT PARTNER

| | |
|-------------------|---|
| Organisation | |
| Surname | |
| First name | |
| Title | <input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Professor <input type="checkbox"/> Other: |
| Position | |
| Department | |
| Address | |
| | |
| | |
| Town | |
| County/Prefecture | |
| Postcode/Zip code | |
| Country | |
| Telephone number | |
| Fax number | |
| Website | http:// |
| Email address | |

3. PREVIOUS APPLICATIONS TO THE FOUNDATION

| Date (mm/yyyy) | Ref number (if applicable) | Project name | Amount requested £ | Amount received (if successful) £ |
|-------------------|-------------------------------|--------------|-----------------------|--------------------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

4. PROJECT

Grant type (select ONE)

 Daiwa Foundation Small Grant Daiwa Foundation Award

Project description (maximum 255 characters, including spaces)

| |
|--|
| |
|--|

Start date (mm/yyyy)

| |
|--|
| |
|--|

Finish date (mm/yyyy)

| |
|--|
| |
|--|

5. GRANT REQUEST

| | Description | £ |
|----------------------|----------------------------|---|
| Grant request budget | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | GRANT REQUEST TOTAL | |

Total cost of the project

| |
|---|
| £ |
|---|

6. INCOME FOR PROJECT FROM OTHER FUNDING BODIES

| | Funding body | £ |
|--------------------|--------------|---|
| Guaranteed funding | | |
| | | |
| | | |
| | | |
| | | |
| | TOTAL | |

| | Funding body | Expected decision date (mm/yyyy) | £ |
|-----------------|--------------|----------------------------------|---|
| Pending funding | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | TOTAL | | |

7. PROJECT BACKGROUND

Word limit: 300 words.

8. PROJECT SUMMARY

Word limit: 300 words.

9. PROJECT BENEFITS

Word limit: 300 words.

10. SUPPLEMENTARY MATERIALS

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|--|
| |
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11. ADDITIONAL INFORMATION

Where did you hear about The Daiwa Anglo-Japanese Foundation and its grant-giving programmes? (Please select ONE only)

- Newspaper / journal
- Directory
- Internet
- From a previous applicant
- Word of mouth
- Other

12. DECLARATION

I declare that I have read the Grant Application Notes, that the statements in the Application Form are true and that, if successful, I will abide by the terms and conditions set by The Daiwa Anglo-Japanese Foundation.

Signature

| |
|--|
| |
| |

Date

The Daiwa Anglo-Japanese Foundation seeks to disseminate information about projects that may be of interest to others working in the Anglo-Japanese field. If you are willing to have details of your application made available to other individuals or organisations, please tick this box: