JMSA Community Outreach Program Grant Application 2020

The Japanese Medical Society of America (JMS A) seeks to help support social and medically related Japanese community programs through grants given through the JMSA Community Outreach Program (JCOP).

If your organization provides medically (medical and/or mental) or socially related support that contributes significantly to the mental well being and health of the Japanese community, we encourage you to apply for a grant. The application is attached with this letter. Please complete the form and send all required documents to the email address below.

The organization must be an NPO to qualify for a JCOP grant.

Preference will be granted to organizations that request project specific funding vs. general funding. For organizations that request general funding, evidence must be provided that JCOP funding is essential for the organization to function.

*Deadline for submission of grant application: Friday 11/1/2020 Notification to grant recipients: Middle of 12/2020

The organizations awarded a 2020 JCOP grant will be responsible to provide:

- 1. A 6-month progress report detailing the progress of your organization, due June 1, 2021
- 2. At least 2 photos of the activities of your organization by June 1, 2021
- 3. A detailed breakdown of use of JCOP funds, due June 1, 2021

*A delay in submission of the requirements outlined above will negatively impact the organizations chances for receiving future JCOP grants.

Application deadline is Sunday November 1, 2020

Please e-mail all completed applications to: drmakikano@yahoo.com
Applications received after midnight of the deadline will not be accepted.

Any questions, contact Mr. Yoshio Kano, JMSA Executive Secretary Tel: (914) 433-3210 Fax: (914) 962-6940 E-mail: info@jmsa.org Address: The Japanese Medical Society of America (JMSA) 100 Park Avenue, Suite 1600 New York, NY 10017

APPLICATION FORM

Date of Application:			
Name of Organization t	o which grant would be pai	id. Please list exact legal name:	
Purpose of grant (one s	entence):		
Address of organization	1:		
Telephone number:	Fax:	E-mail:	
Homepage address:			
Executive Director/Hea	d of Organization:		
Contact person and title	e (if not executive director)	:	
Does your organization	have NPO status?: (yes or r	no): If no, please explain:	
Does your organization	have a bank account?		
Grant request: \$	used for		
1) general support or			
2) project support (project name)			
Total organization budg	get (for current year): \$		
Dates covered by this b	udget: From M/D/Y to M/[D/Y	
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Please answer the follo	wing questions on senarate	sheets of paper, in the exact orde	er stated. We

Please answer the following questions on separate sheets of paper, in the exact order stated. We request all applications to be written in English.

- 1. Background of your agency
- a. Please summarize the Mission/Goals/objectives of your agency
- b. Please provide information on total membership numbers, numbers of employees, and support from other companies, government agencies or private sectors if applicable
- c. The need or problem that your organization works to address, the population served, age, socioeconomic status.
- d.. Current programs and accomplishments.

2. Specific Funding request:

- 1. If applying for **GENERAL OPERATING SUPPORT**, briefly describe how this grant would be used.
 - a. The PROPOSED BUDGET for operating support. Include a breakdown of how the JCOP grant would be used to support operating costs.
 - b. List all SOURCES OF INCOME that will be used for operations including actual and prospective amounts.
 - c. What outcomes do you hope to achieve?
 - d. Why is your agency requesting this grant?
- 2. If your request is for a **SPECIFIC PROJECT**, please explain the project including:
 - a. A statement of its primary purpose and the need or problem that you are seeking to address.
 - b. The population that you plan to serve and how this population will benefit from the project.
 - c. The PROPOSED BUDGET for the project.
 - d. A CURRENT EXPENSE BUDGET FOR THE PROJECT. Indicate the specific uses and breakdown of the requested grant.
 - e. List all SOURCES OF INCOME toward the project, including actual and prospective amounts.
- 3. What outcomes do you hope to achieve?
- 4. Why is your agency requesting this grant?
- 3. Financial Information re: your agency: please provide the dates that each document covers.
 - 1. Your MOST RECENT FINANCIAL STATEMENT. This statement should reflect actual expenditures and funds received during your most recent fiscal year.
 - 2. Your OPERATING EXPENSE BUDGETS for the current and most recent fiscal year.
 - 3. A LIST OF foundation and corporate supporters and all other sources of income, with amounts for your current and most recent fiscal year.