****Local Project Support Program 2024/2025****

****- Film Showing -****

****Application Form****

To: Director

The Japan Foundation, Budapest

Date:

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| **Applicant**  |
| Name of Applicant: |
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| Address:Tel: Fax: Email:  |
| Website: | Year of Establishment: |
| Name of the Official Representative of Applying Organization: **(Signature:)**(In block letters) (Title within organization)Tel:Email: |
| Name of Project Director (Person in Charge of Project)**(Signature:)** (In block letters) (Title within the organization)Tel: Fax: Email:*\* The Official Representative and the Project Director must be different persons.* |
| Institutional information: Type of organization, the date of establishment, the founding prospectus, historical overview, summary of past activities, programs, and major film screenings in the past: |
| If applies, please describe the experience in receiving the Japan Foundation’s Grant in the past (year, name of the project, amount of the grant, etc.): |
| **Project** |
| Title of the Project:  |
| Date(s): 　　　　　　　　 　～　　　 (day/month/year) 　　　　　　 　(day/month/year) | Number of events/performances:  |
| Admission fees:  |
| Venue(s) (Name, address and capacity):  |
| Estimated number of attendance: (to be confirmed again in the Final report)  |
| Purpose of the Project:  |
| Description of the Project (Please attach prospectus or any materials related to the project, if any.)  |
| Detailed plan of the project, such as titles of the films to be screened, film director to be featured, screening format etc.: Titles of the Japanese films to be shown: Total number of Japanese films to be shown:  |
| Schedule of Japanese film director, film critic, or specialists, if they are invited:  |
| Related events (e.g., symposium, exhibitions, etc.):  |
| PR plan of the project:  |
| Amount of grant requested and the item(s) against which the grant is to be used:(Amount) HUF / EUR / Other( )(Items\*)­\*Every item must be reflected in the Budget Form as well. ­ |
| Method of evaluation of the project (e.g. questionnaire, number of media appearances etc.):  |
| Support from Other Institutions Yes / No | Please describe the support that have been applied or already authorized(Name of Institutions) (Type of Support, Requested Amount of Support) |

\*Please attach the Budget Form (Estimate).