****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: | | | |
|
| 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).