**Organization Information Form**

Date: (Yr.) (Mo.) (Day)

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| Name of Submitting Organization: |  | | | | |
| Address: |  | | | | |
| Telephone Number: |  | | | Website: |  |
| Year Established: |  | | | | |
| Authorized Representative: | Dr.  Mr.  Ms. | | | | |
| Board Members: | 1.  2.  3.  4.  5. | | | | 6.  7.  8.  9.  10. |
| Names of Staff: | Please provide the title for each staff member as well as their status: Fulltime (F), Part time (P), Volunteer (V). For Example: Ava Smith, Executive Director (F) | | | | |
| 1.  2.  3.  4.  5.  6. | | | | 7.  8.  9.  10.  11.  12. |
| Dedicated Office Space | | YES  NO | Number of Members | |  |
| Financial Information: | | | | | |
| Year | Total Revenue | | | | Total Expenditures |
| 2023 |  | | | |  |
| 2024 |  | | | |  |
| 2025 (Plan) |  | | | |  |
| Please briefly describe the focus of your organization’s programs. (Japanese Language course, business focused programs etc.) | | | | | |
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| Please briefly summarize the difficulties that your organization is facing, e.g. income, personnel, etc. | | | | | |
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