**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.) |
|  |
| Please briefly summarize the difficulties that your organization is facing, e.g. income, personnel, etc. |
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