Ref. No.

|  |
| --- |
| 　　 　－　　　－  |

To the Univers Foundation

2018 RESEARCH GRANT APPLICATION FORM

Aiming toward a healthy and spiritually enriched society

After an agreement with the application requirement items of the Univers Foundation, I fill in the form and apply to the grant.

Application Date: Month / Day / Year

|  |  |  |
| --- | --- | --- |
| / | /  | 2018 |

Name of Applicant Please check one of the followings; Date of Birth: Month / Day / Year

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Mr. [ ] Ms. [ ]  | / | / |  |

Name of Employer/Organization Position

|  |  |
| --- | --- |
|  |  |

Address of Organization

|  |
| --- |
|  |
|  |
| Phone.　　　　( ) | Fax.　　　　( ) |

Home Address of Applicant

|  |
| --- |
|  |
|  |
| Phone.　　　　( ) | Fax.　　　　( ) |
| E-mail: | @  |

1. Grant Programs

Please check one of the followings;

 [ ]  (1) Develop social security system and policy

 [ ]  (2) Elderly wellness and support for children and youth

 [ ]  (3) Community roles

2. Research Title and Summary

|  |
| --- |
| Title: |
| Summary: |
|  |
|  |

3. Research Budget (JP Yen)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Total Amount Requested: JP ￥ |  |  |  | 0 | 0 | 0 | 0 | \*Please fill in the breakdown list on the next page. |

＊Please note that we shall not use the contents of the application for any other purposes, except by screening process of our selection committee, and by getting into communication with the applicant.

＊After your application is selected for our grant program, we shall officially announce the research theme, the amount of grant, name of grantee, his/her position, and organization. Your understanding is requested on such announcement in advance.

3.1. Breakdown List

\*Please indicate the main purpose of use clearly how it links with your research project; along with the basis of estimate.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Item | Amount(JPY) | Main Purpose |
| 1 | Personnel Costs | 0,000 |  |
| 2 | Travel Expenses | 0,000 |  |
| 3 | Equipment | 0,000 |  |
| 4 | Commissioned Research | 0,000 |  |
| 5 | Rental Fees | 0,000 |  |
| 6 | Meeting Expenses | 0,000 |  |
| 7 | Research Reference Literature | 0,000 |  |
| 8 | Printing Expenses | 0,000 |  |
| 9 | Correspondence Expenses | 0,000 |  |
| 10 | Supplies | 0,000 |  |
| 11 | Others | 0,000 |  |
| Total Amount Requested (JP Yen) | 0,000 |  |
| Remarks: |
|  |

＊Please refer to the <List of Expense Items> on “the guidelines for research grant application” to fill in the form.

＊Please note that it is not allowed to change each amount of expense item, after your research project is selected.

4. Outline of Research

4.1. Background of Research

|  |
| --- |
|  |

4.2. Purpose of Research

|  |
| --- |
|  |

4.3. Subject of Research

|  |
| --- |
|  |

4.4 Method of Research

|  |
| --- |
|  |

4.4 Method of Research (continue)

|  |
| --- |
|  |

4.5 Significance of Research, Promising Ripple Effect

|  |
| --- |
|  |

4.6. Research Schedule

[Matters of Research]

|  |  |
| --- | --- |
| 2018 　Nov. (Beginning) |  |
| Dec. |  |
| 2019　　Jan. |  |
| Feb.  |  |
| Mar.  |  |
| Apr.  |  |
| May. |  |
| Jun.  |  |
| Jul. |  |
| Aug. |  |
| Sep. |  |
| Oct. |  |

2020 Mar. (Final Report)

4.7. In terms of research project you are applying for, please indicate the research process you have been involve and its state of preparation.

“It is in total year-research and this is (th) year.”

|  |
| --- |
|  |

4.8. Please describe about ethical concerns. Would you select one of check boxes and fill a check mark in a box? If you choose a or b, please write down the name of Ethical Review Board that you already have submitted.

|  |
| --- |
| Name of Ethical Review Board;  |
| (Estimated) Approval date;  |

[ ]  a. Have already approved by ERB

[ ]  b. Have already submitted to ERB

 (under examination)

[ ]  c. Others

If you choose c, please explain the reason that you think of.

e.g. I think that there is no need to get an approval from ERB because the research shall be only literature study.

|  |
| --- |
|  |

5. Profile of the Representative

\*Please provide the work experience and research history including the last educational background.

|  |
| --- |
|  |

6. Please complete applicant’s previous thesis, article, or publication for the last 3 years.

\*Related materials for this application.

Month / Year

|  |  |
| --- | --- |
| Title:  | ( / ) |
| Title:  | ( / ) |
| Title:  | ( / ) |
| Title:  | ( / ) |
| Title:  | ( / ) |
| Title:  | ( / ) |
| Title:  | ( / ) |

＊If it is a journal article, please include its title.

7. In the case of a Joint Research Project, please list the research members. (If the applicant is in the master’s course or the first half of a doctoral course, please include your adviser in the list.)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Researcher | Age | Organization | Specialized Field |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

8. Funding from Other Sources, which is already arranged informally about this research; finished fundings are not required to list up here.

|  |  |  |
| --- | --- | --- |
| Funding Source | Periodyy/m~yy/m | Amount |
|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |

-----------------------------------------------------------------------------------

GUARANTEE

|  |
| --- |
|  |

 Name of Applicant:

The above-mentioned applicant has a position in our institute and has our permission to participate in the program of the Univers Foundation. The applicant is guaranteed of a position in our institute until he/she has finished the Univers Program and is ready to resume his/her work here.

Month / Day / Year

|  |  |  |
| --- | --- | --- |
| / | / |  |

|  |
| --- |
|  |

Name (Signature):

|  |
| --- |
|  |

 (Printed):

Institution Position

|  |  |
| --- | --- |
|  |  |

Address

|  |
| --- |
|  |
|  |
| Phone.　　　　( ) | Fax.　　　( ) |
| E-mail:  | @  |

To the Univers Foundation

＊Authorized Signature of the immediate manager is requested.