Form 1（Related to Article 6）

Date (YYYY/MM/DD):

　To the Governor of Okinawa Prefecture

　　　　　　　　　　　　　　Address of applicant:

　　　　　　　　　　　　　　Name of applicant:

**\_\_\_\_\_\_ Uchinā Goodwill Ambassador Activities Support Program Grant Application Form**

I would like to receive an Uchina Goodwill Ambassador Activities Grant for the ○○ Fiscal Year and submit my application, as follows, in accordance with Article 6 of the Uchina Goodwill Ambassador Activities Support Program Grant Guidelines.

Note

１　Requested grant amount: JPY

（Please include budget breakdown on attached sheet）

2　 Attached documents

(As indicated on the attachment)