### APPLICATION FORM FOR FUNDING

### OF EDUCATION & LEARNING PROJECTS

Please complete this form to apply for funding of education and learning projects. The award of funding will be decided upon the criteria set out in the Guidance Notes at the end of this document. Please note that there is a limit on funding available in any particular year and the availability of funds at the time of the application will be the principal and overriding factor in award of funding.

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| **SECTION 1 – ABOUT THE ORGANISATION APPLYING FOR FUNDING** | |
| **Name of Applicant Organisation (the Applicant)** |  |
| **Title of Project** |  |
| **Brief Description of the Project** |  |
| **Contact Name** |  |
| **Contact Address** |  |
| **Telephone Number** |  |
| **Email address** |  |
| **Start Date** |  |
| **End Date** |  |
| **Date funding will be required** |  |
| **Requested funding from CSI (£)** |  |
|  |  |
| **We will consider your application and if it is successful, we will need to know where the funds are to be paid. Please insert this information here:** | |
| **PAYEE (to whom the cheque is to be paid)** |  |
| **Address** |  |

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| **SECTION 2 - ABOUT YOUR PROJECT** |
| **2.1 Project Description** |
| In this section, we would like you to tell us about your project.  What are the aims and objectives of your proposed project (~ 250 words) |
| [complete here] |

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| **2.2 Who will be involved in the Project** | | | | | | |
| **Number of students involved** |  | | | | | |
| **Number of schools involved** |  | | | | | |
| **Key Stage** | 1 | 2 | 3 | 4 | 5 | Other |
| **Ages of students (years)** | 5-7 | 7-11 | 11-14 | 14-16 | >16 |  |
| **Other people involved** |  | | | | | |
| **Where will the project be held?** |  | | | | | |
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| **2.3 What are the reasons for the development of the Project?** |
| We would like you to let us know why the project has been developed and what is the anticipated demand for it? |
| [complete here] |

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| **2.4 Schools and Organisations involved in the Project** | |
| Please list the schools and organisations below. | |
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| **2.5 How will you deliver the Project?** |
| Tell us how you will deliver the project including describing whether teachers will be assisted by others (e.g. industry, professional institutions, STEM volunteers). Will the project be delivered inside or outside normal school hours? |
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| **2.6 Who is to be involved?** | | |
| **Who** | **Anticipated Numbers** | **Further details** |
| **Pupils** |  |  |
| **Teachers** |  |  |
| **People from Industry** |  |  |
| **Others (e.g. paid assistance, consultancy)** |  |  |
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| **2.7 Is any pre-project work necessary?** |
| Please describe here what work is necessary to start the project. For example, is any teacher training necessary, additional teaching resources needed, transportation? |
| [complete here] |

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| **2.8 Organisation approvals** | |
| Organisations and schools which undertake projects must ensure that relevant approvals have been sought and granted. The project must be properly organised in respect of health and safety and other applicable statutory requirements.  The CSI funding awarded to organisations is for STEM activities and it is expected that the participants will be selected on an equal opportunities basis. | |
| **Has the project and application been approved by the School management?** | **YES / NO** |
| **Are health and safety risk assessments necessary?** | **YES / NO** |
| **If health and safety risk assessments are necessary, are they complete?** | **YES / NO** |

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| **2.9 Project Outcomes** |
| Please describe the proposed and anticipated project outcomes. |
| [describe project outcomes here] |
| How will you measure the success of the project? |
| [describe here how you will measure the success] |

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| **3 SUSTAINABILITY** | |
| We are keen to support projects which can be repeated in future by re-using any equipment provided by the CSI for the Project. | |
| **Is the project a “one-off” project?** | **YES / NO** |
| **Is this project similar to a previous project that the CSI has funded for the same Applicant (including where previous funding was shared with other organisations)?** | **YES / NO** |
| **Is it intended that if the project is repeated, a further application will be made for funding from the CSI?** | **YES / NO** |
| Please describe the intended future of the project. | |
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| **4 FINANCE AND REQUESTED CSI SUPPORT** | | |
| Please provide a breakdown of the project funding / financing and what monies are required to carry out the project and the purpose for which the monies will be used.  Include details of funding from CSI and other organisations and contributions “in kind” from other organisations, volunteers and other contributions | | |
| **4.1 Whole Project Funding** | | |
| **Who** | **Contribution £** | **Description** |
| **CSI** |  | [Describe what will be purchased with CSI funding, with further details below] |
|  |  | Matched Funding |
|  |  | [describe] |
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| **4.2 Requested CSI Funding Contribution** | |
| **Contribution £** | **Description** |
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**Thank you for completing this Application. Please forward it to** [**clevelandscientific@gmail.com**](mailto:clevelandscientific@gmail.com) **and we will consider your application as soon as we can.**

**We may come back to you to ask for further information if this is necessary for us to consider your application properly.**

**APPLICANTS - Please do not complete this Section – CSI use only**

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| Funding Decision considered at CSI Council Meeting Date ­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Approval by Council Members:** | | | |
| **Proposer** | **Date** | **Seconder** | **Date** |
| **Deferred, (state reason, including any further information required and when provided)** | |  | |
| **Completed Application** | |  | **Date** |
| **CSI Contact** | |  | |