**Widening Participation - Small Grants Scheme Application Form – Autumn 2015**

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| --- | --- | --- | --- |
| **Project Lead Name** | |  | |
| **School/ Department** | |  | |
| **Head of School/ Department Name** | |  | |
| **Project Lead telephone** | |  | |
| **Project Lead e-mail** | |  | |
| **Project Start Date** | |  | |
| **Project End Date** | |  | |
| **Please give a brief outline of the proposed initiative including overall aims (max 250 words).** | | | |
|  | | | |
| **Please list target schools and expected number of beneficiaries of the project**. | | | |
|  | | | |
| **What impact do you expect your project to have? (max 250 words). Please list at least 3 outcomes and how these relate to your original aims above and detail how you will measure them.** | | | |
|  | | | |
| **Project Budget** | | | |
| **Costs Breakdown** | Item(s) | | £ |
| Equipment |  | |  |
| Materials |  | |  |
| Volunteer Expenses |  | |  |
| Staff expenses |  | |  |
| Hospitality (light refreshments only) |  | |  |
| Transport |  | |  |
| Other (please specify) |  | |  |
| **TOTAL Project costs** | | |  |
| **Details of any match funding** |  | |  |
| **Total Grant Requested** |  | |  |
| **What is your forward strategy for continuing this project/activity beyond the lifetime of the Small Grants Funding?** | | | |
|  | | | |
| **Please confirm that this project is supported by the Head of School/Department** | | | |
| **Yes No** | | | |
| **Further comments (if applicable)** | | | |
|  | | | |
| **Date of application:** | | | |

**Return your completed application for** [lisa.owen@nottingham.ac.uk](mailto:lisa.owen@nottingham.ac.uk) **by Monday 9th November - midday**