



The Sir William Turner Foundation Departmental Grants

APPLICATION FORM

Please complete all sections. This will help us to process your application promptly.
If you have any difficulties or questions, please contact Peter Sotheran, Foundation Chairman
peter.sotheran@gmail.com

Return to the Principal's Office at the beginning of December

1. Faculty _____ **Department:** _____

How many full-time & part-time students in the Department? _____

2. Contact details of person responsible for this project

Contact person _____ Tel Extn or mobile _____

Position in department: _____

3. Your project

What do you propose to do? _____

When will the project take place? _____

How many students will benefit directly from the results of this grant application? _____

4. What are the benefits of your proposal?

How will you measure the success of the project? _____

5. The financial details

**Please itemise the cost of your proposal (Use a separate sheet if necessary)
Enclose written estimate/quotations from your suppliers.**

_____	£ _____
_____	£ _____
_____	£ _____
_____	£ _____
_____	£ _____

TOTAL COST: £ _____

Income to support the project

Commercial Sponsorship _____	£ _____
Contributions from participants (if appropriate) _____	£ _____
Other fund-raising _____	£ _____
Other income _____	£ _____
Other Income _____	£ _____

TOTAL of non-Grant Income: £ _____

The amount requested from Sir William Turner's Foundation £ _____

6. What other grant support have you received From the Foundation in the last 3 years?

<i>Year:</i>	<i>Project</i>	<i>Amount</i>
_____	_____	£ _____
_____	_____	£ _____
_____	_____	£ _____

7. Conditions

If awarded a Grant by Sir William Turner's Foundation, we agree to the following conditions:

1. The support of the Foundation will be acknowledged on all internal & external publicity.
2. A financial summary of the event will be submitted to the Deputy Principal within 10 weeks of the event or completion of the project.
3. A short written evaluation of the project will be submitted within 10 weeks of completion.
4. If requested by the Foundation, the participants will make a presentation to the Trustees.
5. The grant will be returned if the project does not take place or is not completed.

8. We agree to the conditions listed above.

Name (Please PRINT) _____ Position: _____

Signature: _____

Counter signed: _____ *Head of Faculty*

Please return this application form to:

The Office of the Principal, Redcar & Cleveland College

The closing date for applications is first Friday in December

Have you remembered to enclose:

Please tick

Written evidence in support of your costings

Separate information sheets if necessary (question 5)

We suggest that you keep a copy of this completed application form

Please add any additional information overleaf

Additional information:

If your proposal will require ongoing maintenance or consumables, explain how these will be funded:
