

Project Title: _____

Main applicant

Title:	First name:	Surname:
Address:		
Telephone number:		
Fax number:		
Email address:		
Have you applied for a National Aquarium Ltd grant before:		
If so please give details of project:		

Partner applicant (if applicable)

Title:	First name:	Surname:
Address:		
Telephone number:		
Fax number:		
Email address:		
Have you applied for a National Aquarium Ltd grant before:		
If so please give details of project:		

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Grant meeting date: _____

Decision/amount awarded: _____

1st report: _____

Final report: _____

1 Title of project

2 Summary and description

3 Describe how this project supports the aims of National Aquarium Limited

4 Start date and duration

5 Size of grant from National Aquarium Limited (to the nearest £1)

6 Total project costs and details of where balance of project costs are to be obtained (other partnerships)

7 Other partnerships involved

8 Plan of work/financial allocation

9 Evaluation methods and measurable outputs

10 Please give contact details for two referees

It is important that both partners agree with the information given in this form and sign below before the form is returned.

Signature

Date

Print Name

Post completed form to: Paul Cox, National Marine Aquarium, Rope Walk, Coxside, Plymouth PL4 0LF or by email: paul.cox@national-aquarium.co.uk