**Post completed form to:** Liz Cole, National Marine Aquarium, Rope Walk, Coxside, Plymouth, PL4 0LF

**Email completed form to:** [liz.cole@national](mailto:liz.cole@national)-aquarium.co.uk

|  |  |
| --- | --- |
| Title of Project |  |

|  |  |
| --- | --- |
| Main Applicant Details | |
| Name |  |
| Organisation name (if applicable |  |
| Address |  |
| Email |  |
| Telephone |  |
| Mobile phone |  |
| Has your organisation  applied for a National Marine Aquarium Grant before? | YES NO |
| If YES, please give details |  |

|  |  |
| --- | --- |
| Partner Applicant Details (if applicable) | |
| Name |  |
| Organisation name (if applicable |  |
| Address |  |
| Email |  |
| Telephone |  |
| Mobile phone |  |
| Has your organisation  applied for a National Marine Aquarium Grant before? | YES NO |
| If YES, please give details |  |

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| --- | --- | --- | --- |
| Project duration | | | |
| Start date |  | End date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Project Scale (please tick one) | | | |
| Plymouth | UK | Atlantic | Global |

|  |
| --- |
| Project description (less than 500 words). Please include how the project will support ***‘Conservation through Engagement’*** |
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| Describe how you will evaluate the success of the project. Please include:   * Project outcomes * SMART targets * Aquarium leaning outcomes you will expect your project to cover (see application guidance for more information on learning outcomes) * Evaluation methodology |
|  |

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| --- |
| Describe any other partnerships/stakeholders involved in the project |
|  |

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| --- |
| Plan of work |
|  |

|  |  |
| --- | --- |
| Project Budget | |
| Total project cost (include breakdown) |  |
| National Marine Aquarium Grant required |  |
| Balance |  |
| Source of funds for balance |  |

|  |  |
| --- | --- |
| Please give details of two referees: |  |
| Referee 1 | Referee 2 |
|  |  |

**Please read the following conditions for the grant award:**

* I agree that if I/we are successful in obtaining funding, I/we will send a written report to the National Marine Aquarium at the end of the project and at an interim stage if requested.
* I/we will ensure that we provide photographic AND video evidence of the project to the National Marine Aquarium.
* I understand that I/we may be asked to assist in the production of public communication of my/our project through the public audience at the National Marine Aquarium or elsewhere as appropriate.
* I/we understand that the National Aquarium may wish to use extracts and results of the project within its exhibitions, programmes or publicity.

I/we am/are happy to comply with the grant conditions (please tick the appropriate box) : YES NO

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

|  |  |  |  |
| --- | --- | --- | --- |
|  | Signature | Date | Print name |
| Partner 1 |  |  |  |
| Partner 2 |  |  |  |