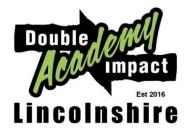
Innovation Fund Project Application Form



Please fill in the project application form below and then submit it to the address at the bottom of this form. You may wish to get some support or feedback from your keyworker or another member of LIRN staff with this process. Please contact us at lincolnshireacademy@doubleimpact.org.uk if you need support with this form.

Please ensure you read the 'Innovation Fund Guidance Notes' to help you complete this form.

1. Contact details

Your name:	
Name of group (if	
applicable):	
Address:	
County:	
Postal code:	
Email address of main	
contact:	
Main telephone number:	
Is it ok to contact you/	
leave a message on this	
number?	

Innovation Fund Application Form V 2.0

Project Title Give yo words)	our project a short title so it can be easily identified (Max 10
is about– then use th	Provide details of your project – start with a summary of what it be key words of Who, What, When, Where and Why to tell us ctivity (maximum 300 words)

	go about delivering your project/ idea? What activities will be
involved and w	who will carry these out? (maximum 100 words)
11	
	report back on progress / completion of your project/ idea? be how you plan to measure the progress and impact of your project?
Please describe	report back on progress / completion of your project/ idea? e how you plan to measure the progress and impact of your project? s and tools will you use? (maximum 100 words)
Please describe	e how you plan to measure the progress and impact of your project?
Please describe	e how you plan to measure the progress and impact of your project?
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Please describe	e how you plan to measure the progress and impact of your project?

			of the project?
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-4 4-1ll	h	h
Where will the projed from?	ct take place and	where will the main	beneticiaries come
		nd when would you	expect it to be
		nd when would you	ı expect it to be
completed will it be		End date:	ı expect it to be
What is the start dat completed will it be		-	ı expect it to be
completed will it be		-	ı expect it to be

Innovation Fund Application Form V 2.0

Total Project Budget		f
How much are you reques	ting from the Innovation Fund?	£
'In Kind' contribution Desc	cribe any contribution you are makir	ng to the project e.g.
yours or others' time, free ro	om hire, donated gifts, equipment, n	naterials etc.
4. References		
Please give the names of 2	2 people we can contact who wou	ld be willing
to provide a reference for	you	
Name	How does this person know you?	
<u> </u>	1	

5. Bank Account Details

Please provide bank account details for the account which the grant money would be paid into, if your application were successful.	
Name of bank	
Name of account holder	
Account number	
Sort code	

6. Declaration

Please make sure you have read and understood the terms and conditions of the grant before signing and dating your completed application form.

We are authorised to submit this application on behalf of the group and certify that the information enclosed is correct. By submitting this application form, we agree to abide by the terms and conditions stated below and any additional special conditions detailed on any offer of a grant letter sent by the Double Impact Academy Lincolnshire (Innovation Fund)

Terms, Conditions & Reporting Requirements for a Grant Approved by the Double Impact Academy Lincolnshire (Innovation Fund)

We understand and agree that:

- The information we have given is accurate and true
- The grant will be used only for the exact purpose specified in the approved application as summarised above, and no other purpose.
- The offer letter, which confirms the award, will also explain if Double Impact Academy Lincolnshire (Innovation Fund) needs to alter any part of this application.
- No major change can be made to the proposed project delivery without the express written approval of Double Impact Academy Lincolnshire (Innovation Fund)
- Items or equipment purchased through an Innovation Fund grant cannot be sold or passed on to a third party without the written permission of the Double Impact Academy Lincolnshire (Innovation Fund).
- If at the end of a project if there are items or equipment purchased through an Innovation Fund grant we are required to inform Double Impact Academy Lincolnshire (Innovation Fund) so these items can be passed on to a likeminded recovery focussed project in Lincolnshire.
- No purchase or order of any goods or services specified by this approved application will be made before we receive the offer letter confirming the grant.
- If a pilot project is funded by this grant we understand that Double Impact Academy Lincolnshire (Innovation Fund) will not <u>automatically</u> fund any later project.
- We will inform you of any changes to our bank or building society accounts.
- We will comply with any relevant legislation affecting the operations of the project.

Signature of applicant:	
Date:	
Please email this form	to:lincolnshireacademy@doubleimpact.org.uk
Or Post to: Innovation	Fund, Double Impact Academy, 30 Newland, Lincoln, LN1 1XG
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