

Established 1952, successor to the Adler Society, established 1927
Registered Charity No. 2888758

Administrative Office: Yvonne Pritchard, The Old Cheese Dairy, Login, Whitland, Carmarthenshire, SA34 0TJ
Tel: 01994 448457 /// Email: admin@asiip.org /// Web site: www.asiip.org

Form A.2: For Individual Members Applying for Grants for Projects and Services

This form to be completed by individual members when applying for projects and services which are ongoing or have a duration of more than 6 months.

Please note that the maximum amount that can be applied for is £250.

For organisational member grants and bursaries the application Form A.1 should be completed.

Should a grant be approved there will be a requirement to contribute something back to the Society. This may be in the form of a financial repayment, a template for how to run a similar project, a piece of research accessible to all members or the equivalent. Those applying should indicate any areas which may meet this requirement within their application.

Applicants need to provide an appropriate business plan, including budget forecast, and provide evidence of match funding and be prepared to give a brief presentation on their project, this to include a question and answer section. Approval for any award will be made at the discretion of the Council with the agreement (by majority vote) of Council members.

Members receiving any award will be expected to provide a report for the Council suitable for publication in the ASIIP Newsletter and/or on the Website.

There will also be a requirement for a report and evaluation to be written during or at the end of the project for dissemination as an example of good practice.

How to apply

Complete this and send it together with any supporting documentation to :

Yvonne Pritchard : Yvonne Pritchard, The Old Cheese Dairy, Login, Whitland, Carmarthenshire, SA34 0TJ adm.asiipuk@gmail.com 01994 448457

Applications received will be considered at the next Council Meeting following receipt of application provided that such an application is sent in at least 6 weeks prior to the

Council Meeting. Dates of Council meetings will be available either from the administrator or posted on the website.

Please indicate below how you will contribute to ASIIP if you are successful in your application (please tick all that apply).

Contribution	Tick Box	Time frame
A template for how to run a similar project		
A piece of research accessible to all members		
Financial repayment.		
A report for the Council for publication in the ASIIP Newsletter and/or on the Website.	√	On completion of project or during as a report on progress
Help with administrative matters for ASIIP e.g. conferences, events etc		
Other:		

PLEASE PRINT CLEARLY:

1. APPLICANT

Family Name: _____ (Professor / Dr / Mr / Mrs / Miss / Ms)

First Names: _____ Occupation: _____

ASIIP Membership Number _____

Address: _____

Postcode: _____ Country: _____ Tel. No _____
 Mobile _____

Email _____

2. THE PROJECT

Project Title:

Please give a brief description of the project outlining the following:

- The period for which the grant is required,
- Partners and others involved in the project,
- The proposed outcomes,
- How the money will be spent
- How outcomes will be measured.

Continue on a separate page if necessary

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EXPERIENCE

Please give details of any previous projects you have successfully managed and the skills and experience of those involved in this application, which may be relevant to this project.

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Who will be ultimately responsible for overseeing the project and producing all appropriate reports and returns?

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4. FUNDING REQUEST

Please give details of the amounts required and the dates they are required to be available.

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Date	Description	£	Amount
Total			

Has an application been made to your employing authority or to any other source for funds?

Yes

No

If so, please give the name:
The amount applied for:
The outcome:

5. SPONSOR

Please give the name and contact details of a senior colleague/supervisor/ASIIP Full Member/ referee who is prepared to vouch for the validity of this application.

Name: _____

Address: _____

Postcode: _____ Country: _____ Tel. No: _____

Email address: _____

Sponsor's Signature: _____

Date: _____

6. SUPPORTING DOCUMENTATION

Please list the supporting documentation to be sent with this application

A business plan	YES/NO
An outline proposal	YES/NO
A letter from your sponsor	YES/NO
A financial breakdown of costs	YES/NO
Other:	

Applicant's Signature: _____
Date: _____