Transition Cities. Experiments Project Application Form

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| **CONTACT DETAILS** |
| **Name** | **Position** |
| **Organisation** | **Telephone No** |
| **Project Number (leave blank)** | **E-Mail** |
| **PROJECT DETAILS** |
| **Under which Transition Cluster are you preparing a project application?**  |
|  |
| **Project title** |
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| **Brief description of the project summarising the project aim, objectives & expected impact related to the criteria set out below** |
| * Trial new ideas emerging from stakeholders within the cluster and/or city.
* Test out schemes that have been successful in another city
* The project can be undertaken and completed within 12 months
* Scheme has potential for replication and will aid innovation capacity of partners.
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| **What is the expected budget of your project?** |  |
| **What is the probable breakdown of costs?** |  |
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| **List benefits that the proposed project will bring to the city.** |
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| **PARTNERSHIP DETAILS** |
| **How many stakeholders are expected to be involved?** |  |
| **Which have you already identified?** |
| **What are the partners’ expertise / roles?** |  |
| **Are SMEs involved?**  | **YES** | **NO** |
| **If yes, which?** |  |
| **When will project start?** |  | **When will project finish?** |  |
| **An interim report on the project is required after 6 months? Who shall prepare this?** |  |
| **Who shall prepare the final report on the project?** |  |
|  |
| **The information provided on this application form is correct and accurate to the best of my knowledge.****Applicant’s signature ………………………………………………………** |
| **View of the Assessors** |
| **View of the Steering Group** |
| **Approved Rejected Signature ……………………… Date………………………….** |