Transition Cities. Service Innovation Grants Application Form

|  |
| --- |
| **CONTACT DETAILS** |
| **Name** | **Position** |
| **Organisation** | **Telephone No** |
| **Project Number (leave blank)** | **E-Mail** |
| **PROJECT DETAILS** |
| **Under which Transition Cluster are you preparing this application?**  |
|  |
| **Project title** |
|  |
| **Brief description of the project summarising the project aim, objectives & expected impact related to the criteria set out below** |
| * Test out an idea responding to small policy gaps within the transition cluster.
* Trial a new idea emerging from local stakeholder.
* Test out schemes that have been successful in another city or elsewhere in Climate KIC.
* The project can be undertaken and completed within 12 months
* Scheme has potential for replication and will aid innovation capacity of partners.
 |
| **What is the expected budget of your project?** |  |
| **What is the probable breakdown of costs?** |  |
|  |
| **List benefits that the proposed project will bring to the city.** |
|  |
|  |
|  |
| **PARTNERSHIP DETAILS** |
| **What is the relationship of the company /start-up to Climate KIC?** |  |
| **What is its expertise/competence?** |  |
| **How will the city scale-up this project if it is successful?** |  |
| **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………………………….** |