**ICE Research and Development Enabling Fund**

Application Form – Route A

# 1 – Applicant Details

|  |  |
| --- | --- |
| **Application Number:**  | ICE staff to complete |
| **Date Received:** | ICE staff to complete |
| **Applicant Name:** |  |
| **Position:** |  |
| **Organisation:** |  |
| **ICE Membership Number:** |  |
| **Telephone:** |  |
| **Email:** |  |
| **Website:** |  |

# 2 – Project Summary

|  |  |
| --- | --- |
| **Title:** **15 words** |  |
| **Project Synopsis:****60 words** |  |
| **Programme Start Date:** |  |
| **Programme Duration:** |  |
| **Funding requested from ICE R&D fund:** |  |
| **Cash funding secured from others:** |  |
| **Contributions in kind secured from others:** |  |
| **Funding still being sought:** |  |
| **Total value of project:** |  |
| **% of Total requested from ICE:** |  |

# 3 – The Project

|  |  |
| --- | --- |
| **Impact:****300 words** | What will be achieved, who will benefit, and by when? How does this align with ICEs strategic goals?  |
| **Output:****150 words** | Specific results the project will generate. Make sure the output is of use to the key audience as identified in section 4 |
| **Activities: Description of Methodology/Milestone** | **Start Date** | **End Date** | **Percentage Requested** |
| Include all project activities highlighting activities that the ICE R&D funding is intended for | 12/12/12 | 12/12/12 | Only enter for activities funded by R&D Fund |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Retention - paid on delivery and approval of final output** | 20% |
| **Total** | 100% |

# 4 – Communication

|  |  |
| --- | --- |
| **Audience:** | List the Key Stakeholders that the project is aimed at  |
| **Promotion:** | How do you intend to make the key audience aware of this projects output? |

# 5 - Project Team

|  |  |
| --- | --- |
| **Role in Project:** | It is expected that the team leader would normally be a member of the ICE. |
| **Name:** |  |
| **Organisation:** |  |
| **Role in Project:** | Delete/Add as needed  |
| **Name:** | Delete/Add as needed  |
| **Organisation:** | Delete/Add as needed  |

Section 6 requires endorsement from two ICE fellows. If you do not have any contacts within ICE fellowship then please indicate below and an ICE member of staff will seek endorsement on your behalf.

[ ] I do not have any contacts within the ICE fellowship and am happy for an ICE member of staff to seek endorsement on my behalf.

# 6 – Endorsement

|  |  |
| --- | --- |
| **Name:** | Endorsement from two ICE fellows is required |
| **Membership Number:** |  |
| **Reason for Endorsement:** |  |
| **Name:** |  |
| **Membership Number:** |  |
| **Reason for Endorsement:** |  |

Once completed please submit your application to carol.brooks@ice.org.uk