|  |  |  |
| --- | --- | --- |
| **Name of College:** | **Name of Key Contact for this application:** | **Title:** |
|  |  |  |
| **Position in College:** | **Email address:** |
|  |  |
| **Name(s) of any other College(s) or other organisation(s) partnering you in this project** |
|  |
| **Title of proposed WPIF Project:** |
|  |
| **Total amount applied for** (NB a College may apply for no more than £50k in any one academic year)**:** | **Number of Participants who will benefit from the project:** |
|  |  |
| **Has your College received a WPIF award previously? (give date and amount of award)****How much was the award?** |
|  |
| **College:** | **Date:** |
|  |  |

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| --- |
| **Project summary**Please provide:* a brief description of the project
* an outline timetable and
* a financial table with full costs which identifies which costs you are asking the WPIF to cover

**PLEASE ATTACH THIS COVERSHEET TO YOUR PROPOSAL** |

This form should be completed and returned to: administrator@newtontrust.cam.ac.uk