**PTAS Small Grant Application Proposal Cover Page**

**Names and titles of all team members:**

Principal Applicant: Tel:

School: Email:
Building / Room No:

Co-applicant: Tel:

School: Email:

Co-applicant: Tel:

School: Email:

Co-applicant: Tel:

School: Email:

*Please add further team members if needed.*

**Project Title:**

**Abstract** (up to 250 words):

Please indicate the **total grant amount** requested:

**Confirmation of consultations**

**Please tick the boxes to confirm that required consultations have taken place, and ensure the Principal Applicant signs underneath.**

I confirm that all named Co-applicants have seen the final version of this proposal and are willing to be named as co-applicants

 Please tick to confirm 🞏

I confirm that all named support services or individuals named in this proposal as offering support have been consulted and have agreed to offering the support outlined in the proposal

Please tick to confirm 🞏

I confirm that the Head of School or Head of Service for the Principal Applicant has seen a final version of this proposal and supports the proposal

Please tick to confirm 🞏

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Name of Principal Applicant Signature Date

**Please email one signed electronic PDF copy of your proposal to:** iad.teach@ed.ac.uk

**Please ensure you follow the guidance and word limit for your proposal. Proposals that are over the word limit may be returned to applicants and may not be considered in the current funding round.**