**IPSF Development Fund 2019-20**

**Project Grant 1 - Application**

Please read the entire call carefully before completing the application form.

**Every section of this application form must be completed in order to be valid**. An application will only be considered if sections A, B, C, D, E, and F have been completed and the declarations electronically signed by inserting the relevant name.

**Completed application forms with signatures must be submitted to the** [**link**](https://forms.gle/x8qB2PDEtDXvHqYMA) **in Word format by 28 February 2020, 23:59 GMT+0. When submitting your application, please rename the file to specify the project grant and your association: “Project Grant - Association Name”.**

# SECTION A.

# Applicant Details

|  |
| --- |
| **Persons Responsible for Application** |
| **Person A** |
| Name |   |
| Address |   |
| Telephone |   |
| Email |   |
| Date of graduation or qualifications obtained to date |   |
| **Person B** |
| Name |   |
| Address |   |
| Telephone |   |
| Email |   |
| Date of graduation or qualifications obtained to date |   |
| **Person C** |
| Name |   |
| Address |   |
| Telephone |   |
| Email |   |
| Date of graduation or qualifications obtained to date |   |

**SECTION B.**

# Project Details

|  |  |
| --- | --- |
| **Project Title** |   |
| **Location** |   |
| **Summary**Provide a summary and the major goals of the project. (Max: 1000 words) |
|  |
| Word Count |   |
|  |  |  |

**PROPOSED TIMELINE**

Please tell us when you expect to complete each stage of the project and what each stage will entail.

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| **Development Stage** |
| **Estimated Completion Date** |  |
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| **Action Stage** |
| **Estimated Completion Date** |  |
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| --- |
| **Completion Phase** |
| **Estimated Completion Date** |  |
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| **Final Report Stage** |
| **Estimated Completion Date** |  |
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# SECTION B.

# Project Description

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| **Aims and Objectives** |
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| **Project Details**Discuss the topic background, location, and target audience. |
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| **Project Plan**Discuss the methodology, advertising, and campaign material. |
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| **Control and review** |
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| **Reporting and publication details** |
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| **Ethical considerations** |
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# SECTION D.

# Collaborating Organisations

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| **Name of collaborating organisation** |
|  |
| **Summary of Organisation Objectives/Executive Summary** |
|  |
| Address |  |
| Telephone |  |
| Email |  |
| Website |  |
| Contact Person Name |  |
| Position held by Contact Person |  |

|  |
| --- |
| **Name of collaborating organisation** |
|  |
| **Summary of Organisation Objectives/Executive Summary** |
|  |
| Address |  |
| Telephone |  |
| Email |  |
| Website |  |
| Contact Person Name |  |
| Position held by Contact Person |  |

# SECTION E.

# Grant Details

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| --- | --- |
| **Proposed value applying for (in Euros)** |  |
| **Breakdown of Expenses** |
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| **Sponsorship** |
| **Sponsor Name** | **Sponsorship Value (Euros)** |
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**SECTION F.**

**Budget for the project:**

Please upload an electronic or scanned version of your Financial Budget in English for project on the submission link with the name **Project Grant - Insert Association Name\_Budget**.

**SECTION G.**

**LETTER OF SUPPORT**

A support letterfrom a Dean or a Professor is not required, but is beneficial for the applicant. Please upload an electronic or scanned version on the submission link with the name **Membership Grant - Insert Association Name\_LetterSupport**.

# SECTION H.

# Signatures

**By signing this application, you declare that you have fully read and agreed to the guidelines.**

**LOCAL STUDENTS’ ASSOCIATION PRESIDENT**

|  |  |
| --- | --- |
| Signature |    |
| Name |   |
| Date |   |
| Email |   |

**NATIONAL PHARMACY STUDENTS’ ASSOCIATION PRESIDENT**

|  |  |
| --- | --- |
| Signature |    |
| Name |   |
| Date |   |
| Email |   |

**IPSF CONTACT PERSON**

|  |  |
| --- | --- |
| Signature |    |
| Name |   |
| Date |   |
| Email |   |

**Official Stamp**

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