## IAS AWARDS

**APPLICATION FORM**

Please refer to the Application Guidance for this programme before completing the application form. Any queries regarding the completion of this document can be directed to the IAS via IAS@warwick.ac.uk .

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| **SECTION ONE - COVER SHEET** |
| **Principal Applicant, including Title** | **Department/Centre** | **Email** |
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| **Co-Applicant(s), including Title** | **Department/Centre** | **Email** |
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| **External Collaborators (if any)** | **Institution** | **Position**  |
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| **DESCRIPTIVE TITLE OF PROJECT** |
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| **CASE FOR SUPPORT**Describe the proposed activity, how the award will help develop new research ideas, collaborations, funding streams, outputs or impact and how the work advances the IAS mission. See Funding Guidelines. **(Max 1000 words)** |
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| IAS Seminar room required (NB free of charge): | YES ☐ | NO ☐ |

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| **FUNDING REQUESTED**Up to £5000 can be requested. Applications of up to £1000 will usually be reviewed within 5 days. All expenditure must be in accordance with the University Financial Regulations (<http://www2.warwick.ac.uk/services/finance/resources/regulations/fp16>) |
| **Expenditure Type** | **Requested amount**  | **Justification** |
| Meeting costs |  |  |
| Staff Costs |  |  |
| Travel & Subsistence |  |  |
| Other |  |  |
| Total Budget |  |  |
| **Additional Funding** | **Amount** | **Source** |
|  |  |  |
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| **Amount requested from IAS**  |  |  |
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| **AGREEMENT OF APPLICANT:** in submitting a signed application, the Principal Applicant agrees that a corresponding award will be managed in compliance with University Financial Regulations and adhere to IAS reporting requirements. |
| **Name** | **Signature** | **Date** |
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| **APPROVALS:** declaration of support from Head of Department / Research Centre (or authorised representative). |
| I support the bid; I agree that any overspend will be covered by my department; I agree to provide necessary facilities; I confirm that the project would not entail a significant increase in use of any University services and that any health and safety and ethical requirements would be addressed and covered as appropriate. I confirm the Principal Applicant is a permanent member of academic staff. |
| **Department** | **Name** | **Signature** | **Date** |
| Please can you also confirm the details of your Department Administrator / Secretary so that we can also include them in any email correspondence regarding this application. |
| **Name** | **Title** |

Applications should be submitted electronically through the Online Submission System.