**APPLICATION FOR BIPS**

**OUTREACH PROJECT GRANTS**

**A. PROJECT HEADER**

1. Please provide the information below:

|  |  |
| --- | --- |
| **Title of project and acronym** |  |
| Amount requested (in UK Pound Sterling) |  |
| Keywords that describe the project (max. 6) |  |

**B. APPLICANT DETAILS**

2. Please attach a brief CV (max. 2 pages) to this proposal, **AND** provide the information below:

|  |  |
| --- | --- |
| Applicant name (FIRST NAME, SURNAME) |  |
| Title (Ms, Mr, Dr, Prof, …) |  |
| Affiliated Institution  (See note 1 and 2 under Conditions) |  |
| Email address(es) |  |
| Mailing address |  |
| Permanent address (if different) |  |
| Nationalities |  |
| Languages (Please indicate levels for each as “basic,” “working level,” or “fluent/mother tongue”) |  |
| Qualifications  (university level or similar) |  |
| First referee  (Name, email address) |  |
| Second referee  (Name, email address) |  |

**C. PROJECT DETAILS**

3. Please summarise the **main aims and impact** of your proposed project in **100-150 words**. Please write in a way that is understandable to a non-specialist audience. We may post this on our website if your application is successful and funded.

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|  |

4. Please describe, clearly and specifically, your proposed project to be funded by this award under the headings: aims of the project; project context; methodology and details of activities; timescale, plans for dissemination (if applicable). (**max. 2,000 words**)

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|  |

5**.** Timelines

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Duration in Months:  Insert no. of months | Start: | DD/MM/YEAR | End: | DD/MM/YEAR |

6. Intended audience

Age range of target participants:

7. Mode of delivery (delete as appropriate)

The proposed activity will be delivered: In person / Online / Hybrid mode

**D. PREVIOUS BIPS OUTREACH PROJECT GRANTS**

8. Is this your first application for a BIPS Outreach Project Grant? YES / NO

If not, have you reported on your last grant? YES / NO

If yes, please give details:

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| --- |
|  |

N.B. THIS APPLICATION WILL NOT BE CONSIDERED IF YOU HAVE NOT REPORTED ON YOUR LAST GRANT.

**E. PROJECT STAKEHOLDERS**

9. Are **other** **stakeholders** involved in this project? YES / NO

If yes, please list them and describe their roles

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| --- |
|  |

10. What is your overall role in the project?

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11. Please supply any **additional information** which may support this bid (e.g., collaboration with other institution(s), impact and wider benefits beyond academia, other funders, matched funding). (max. 500 words)

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**F. JUSTIFICATION OF RESOURCES AND BUDGET**

12. Please list, clearly and specifically, the elements of this project for which you are requesting funding and provide a breakdown of costs. Explain how each budget element relates to the proposed project, and its role in fulfilling your project’s aims, and in contributing to the completion of the project. In the case of multiple funders, clearly indicate what BIPS is being asked to fund.

**Budget:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | | | **Cost** | |
| Support | | |  | |
|  | | |  | |
| Other costs (e.g. fees, travel, equipment, etc.) | | |  | |
| Other sources of income, e.g. grants, in-kind support (please provide details) | | |  | |
|  | | |  | |
| **Total cost** | **£** | Funds requested from BIPS | £ |  |

**G. REFEREES**

13. Referees should send their reference directly to the BIPS General Manager by email ([bips@thebritishacademy.ac.uk](mailto:bips@thebritishacademy.ac.uk))**. It is the responsibility of the applicant to ensure that these references arrive by the deadline for the call.**

**First referee**

|  |  |
| --- | --- |
| Name: |  |
| Affiliation |  |
| Email Address: |  |
| Phone number: |  |
| Postal Address: |  |

**Second referee**

|  |  |
| --- | --- |
| Name: |  |
| Affiliation |  |
| Email Address: |  |
| Phone number: |  |
| Postal Address: |  |

**SIGNATURE**

**14. PLEASE MAKE SURE YOU HAVE READ THE CONDITIONS OF THE GRANT (ON THE NEXT PAGE) CAREFULLY. Your application will not be considered if you have not complied with them.**

**By signing this you confirm that you have read and understood the terms and conditions of this grant, and that you have answered all questions truthfully and to the best of your knowledge.**

|  |  |
| --- | --- |
| Signed: | DATE: |

Thank you for completing the form.

**CONDITIONS AND CLARIFICATIONS FOR GRANT APPLICATIONS**

Before making an application, please read these conditions carefully.

1. **You MUST be affiliated to (not necessarily employed by) a UK-based university, institute of higher education or a UK museum or registered charity.** Your application WILL NOT be considered without this affiliation.
2. **The affiliated institution will be responsible for the management of the award which will be transferred to it by BIPS.**
3. A letter of affiliated institution support must be appended to your application. The letter needs to state the availability of the institution to receive and manage the grant and that the proposed project complies with the ethical policies of the institution.
4. You must have two referees who can support your application with a letter. The reference letters must arrive before the deadline, and it is your responsibility to make sure they do. Unless prior permission is obtained from the Outreach Director, late submissions of applications will not be accepted. If you are applying for an Outreach Project Grant, at least one of the two referees needs to come from outside any affiliated or host institution. Furthermore, referees should not be involved in the project outlined in this application.
5. BIPS will not cover costs for publication of books or articles, photocopying or digital reproductions, postage, or the purchase of books or materials.
6. **All activities, in person or online, require a risk assessment and must be compliant with the ethical policies of the affiliated and host institution.**
7. Upon completion of the project, a full list of all expenditures, with digital copies of receipts, must be supplied to BIPS, together with the final project report. All unspent funds must be returned to BIPS within six months of project completion.
8. Applicants can apply for project extensions for up to 6 months.
9. References on letterhead must include date and signature and must be sent by the referee.
10. BIPS will not fund travel to any country where the FCDO does not advise travel, on any grant.

**APPLICATION CHECKLIST:**

Before submitting your application, please check that you have provided all necessary documents:

|  |  |
| --- | --- |
| **Attachment 1: Application Form** – all 14 questions answered the best of your ability |  |
| **Attachment 2**: **CV** (max. 2 pages excluding publications) |  |
| **Attachment 3**: **Affiliated institution support letter** |  |
| **Attachment 4: Risk Assessment** |  |