

ACTIVE WELLBEING FUNDING

Application Form

| Please utilise the guidance document when completing your application. |
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| The deadline for submission is 1pm on Monday 4 December 2023. |
| If you would like to discuss your application in more detail, then please contact sean.harris@bucs.org.uk |

1. Institution Information

| Project Lead Contact: This v | vill be the lead person responsible for the delivery and repo | rting on the project, if |
|------------------------------|---|--------------------------|
| successful | | |
| Institution | | |
| Full Name | Job Role | |
| Email | | |

| Senior Contact: Institution of | lecision maker (e.g. Director of Sport) | |
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| Institution | | |
| Full Name | Job Role | |
| Email | | |

| Additional Project Staff: Please list staff who will support the delivery of the project, if successful | | | | | |
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| Institution | | | | | |
| Full Name | Job Role | | | | |
| Email | | | | | |

| Additional Project Staff: Please list staff who will support the delivery of the project, if successful | | | | | |
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| Institution | | | | | |
| Full Name | Job Role | | | | |
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| Impact: How will you measure the | e impact of your project? | and Colleges Spo |
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| Project Budget: How will you sp | end the funding? | |
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| Additional Supporting Information: Please include any information which may benefit your project submission format of this information can be project specific, so it does not need to be detailed below. | | | | | |
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