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# ECT Grant Application Form

## Grant Application Notes

1. All financing provided by the ECT requires that the applicant undertakes their specified activity at a long-term ecological experimentation site (LTE) that is currently included on the ECT register.
2. To apply for a grant from the Ecological Continuity Trust (ECT), please complete this form and return it, via email to [ben.sykes@ecologicalcontinuitytrust.org](mailto:ben.sykes@ecologicalcontinuitytrust.org).
3. A maximum of £3,000 will be given to any one applicant in a given year for each of the funds (excluding the emergency repair/maintenance fund).

## Applicant Details

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Applicant name: | |  |  | Career stage: |  |
| Organisation: | |  |  | Department: |  |
| Email Address: |  | |  | Phone no: |  |

## Finance Details

|  |  |
| --- | --- |
| Type of grant requested: | Small grant / Student bursary |
| What is the funding for? | Travel/subsistence/consumables/maintenance costs |
| Amount requested (Max value £3000) |  |
| Is this match or partnership funding? |  |
| Name of partner organisation: |  |
| Organisation contact name: |  |
| Organisation contact details: |  |

## Project details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of project: |  | | | |
| Proposed start date: |  |  | Proposed end date: |  |
| Long-term experiment to be used: | |  |  |  |

Project overview

*Please provide details of your research aims and objectives and how you will achieve these. Please also detail how the work you propose to undertake will build capacity on, or add scientific value to the LTE*

Reporting details:

*How will the outcomes of the project be communicated to the ECT, the wider scientific community and to external stakeholders?*

## Submission

## *Please sign your completed application form and email to* [*ben.sykes@ecologicalcontinuitytrust.org*](mailto:ben.sykes@ecologicalcontinuitytrust.org)

## *If a student application please also ensure the application is signed by a supervisor*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Applicant signature: |  |  | Date: |  |
| Supervisor signature: |  |  | Date: |  |