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**School Grant Fund Application form**

**Please ensure that you read the school grant fund funding criteria, which is updated from time to time, prior to applying.**

You are also welcome to email ella@cfrcic.co.uk if you would like more details prior to application.

Please note that we have tried to keep this form as simple as possible, so please try to keep your answers to the word limit.

Applications will be assessed quarterly from April 2025.

We would hope to be able to notify decisions within 14 days of a decision being made and will try to make payments as quickly as possible after notification.

**Contact details:**

|  |  |
| --- | --- |
| Contact name: |  |
| Contact telephone number: |  |
| Contact email: |  |
| School: |  |
| School’s registered address: |   |

**Which of the following themes does your project fall under? (please tick)**

* **Student engagement & leadership –** *Funding for student-led citizens’ assemblies and activities that help develop a vision and plans for a net zero future.*
* **Environmental education –** *Support for forest schools, nature-based learning and outdoor environmental installations, such as sensory gardens or wildlife areas.*
* **STEM & sustainability initiatives –** *Funding for Greenpower kit cars, eco councils and school-wide climate action projects.*
* **Renewable energy & energy efficiency –** *Projects that introduce energy-efficient solutions, renewable installations, or sustainability measures within school buildings.*
* **Efforts to promote sustainable food practices, food-growing or gardening**
* **Nature conservation projects**
* **Other**

**Please explain your idea** (max 500 words)

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**What is funding required for? (max 500 words)**

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**How much will it cost?**

*Please share a breakdown here of your expected project costs and funds requested from Ferry Farm Community Solar. Please give as much detail as you have. Please also include here details of additional funding granted or sought.*

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**When do you think you will be ready to start your project?**

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**Bank account details**

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| --- | --- |
| Name of account: |  |
| Sort Code: |  |
| Account Number: |  |
| Please name 2 account signatories and confirm 2 approvals are required to authorize payments from this account: |  |

I confirm that this application is made on behalf of the above named School. Funds will be used for the reasons stated and I will confirm that the funds have been spent in accordance with this application if required.

 **Name**

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**Role**

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**Signed**

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**Date**

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