**SECTION 1**

|  |  |
| --- | --- |
| 1. Name |  |
| 2. Email Address |  |
| 3. Contact Number |  |
| 4. Address |  |
| 5. Organisation Name (complete if applying as a group, business, charity etc. If applying as an individual, leave blank) |  |
| Position in Organisation |  |

**SECTION 2**

|  |  |
| --- | --- |
| 1. What is the name of your project/idea |  |

2. Please describe your project idea by answering the following questions (please include photos)

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| 2a. What your project/idea will do? |
|  |
| 2b. Why your project/idea is needed? |
|  |
| 2c. Who will get involved and benefit? |
|  |
| 2d. How will you ensure the safety of yourself and others on the project? |
|  |
| 2e. Where and when it will take place? |
|  |
| 2f. What impact you hope to create? |
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| 3. How does your project/idea fit with the types of projects we want to fund?  (Please tick one or more of the R.E.I.A objectives below and provide a description in the box) |
| Studies/Projects aligned to the Scottish Governments Wild Salmon Strategy  Nature Restoration Studies/Projects (NRF)  Biodiversity Restoration Studies/Projects (BRP)  Studies/Projects aligned to Scottish Invasive Species Initiative (SISI)  Specialist training in support of NRF, BRF and SISI  Educational Studies  Partnership projects with TDSFB, The Tay Trust, Private Landowners or Syndicates on the River Earn and Corporate Parties with shared interests.  Support Studies/Projects to maintain clear passage for migrating fish  Assist with the purchase of fuel, chemicals, PPE and spraying equipment.  Support and assist with spraying invasive species until SISI assumes leadership |
|  |

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| --- | --- |
| 4. How much funding are you applying for | £ |

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| --- |
| 5. Do you have match funding? If so, how much and where from? |
|  |

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| 6. Please provide a breakdown of your budget here, setting out what you need to pay for. |
|  |

**SECTION 3**

Please tick to confirm that:

You have the appropriate insurance, safeguarding, health, safety policies and if applicable, written permission from the riparian owner in place.

I confirm that the information on this form is true and correct. I am authorised to make this application. I will follow the grant guidelines, and if I am successful, I will provide all requested documents before the money is released.

|  |  |
| --- | --- |
| Signature | Date |

**WHEN COMPLETED PLEASE SEND TO secretary@riverearn.org.uk**