**PTAS Small Grant Application Proposal Cover Page**

**Names and titles of all team members:**

Principal Applicant: Tel:

School: Email:
Building / Room No:

Co-applicant: Tel:

School: Email:

Co-applicant: Tel:

School: Email:

Co-applicant: Tel:

School: Email:

*Please add further team members if needed.*

**Project Title:**

**Abstract** (up to 250 words):

Please indicate the **total grant amount** requested:

**Required Signatures**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name of Principal Applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name of Co-applicant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Name of Co-applicant Signature Date

 *Please add further team members if needed.*

**Please email one signed electronic PDF copy of your proposal to:** iad.teach@ed.ac.uk