**APPLICATION FORM:**

DOCUMENT B: EAF

**Nelson Mandela University**

**ENGAGEMENT ADVANCEMENT FUND (EAF)**

(PLEASE STUDY THE INFORMATIONAL DOCUMENT**, DOCUMENT A: EAF**. COMPLETE THIS FORM IN TYPESCRIPT)

|  |  |
| --- | --- |
| **YEAR OF THIS APPLICATION:** |  |
| **Surname of Project Leader** |  |
| **First Name** |  |
| **Initials** |  |
| **Title** |  |
| **Telephone numbers** |  |
| **E-mail address** |  |
| **Employment position held at Nelson Mandela University** |  |
| **Faculty** |  |
| **Department** |  |
| **Division** |  |
| **Immediate line-manager** |  |
| **Are you permanently employed and/or on a long term (1 year or more) fixed contract?** (*indicate with an* ***X***) | **Permanent** | **Fixed term contract** |
| **Applicant Status** (*indicate with an* ***X***) | **Individual** | **Team Leader** |
| **SECTION B: PROJECT DETAILS** |
| **Title of project** |  |
| **If this is a team project, provide the names of all staff members and students participating and the nature of their involvement** | **Staff:**1.2. …**Students:**1.2. … |
| **Expected duration of project** | **From:** | **To:** |
| **Provide details of all external community/stakeholder involvement in this project:** |
|  |
| **Who will be the beneficiaries of this project?** |
|  |
| **Purpose of the project (What problem/challenge does this project aim to address?)** |
|  |
| **Specific aims/objectives of the project:** | **Briefly outline how aims will be achieved:** |
| 1. To…
 |  |
| 1. To…
 |  |
| 1. To…
 |  |
| 1. To…
 |  |
| 1. To…
 |  |
| **Expected outcomes of the project:** | **Estimated time line for outcomes to be reached:** |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| **Current and potential impact and benefits of the project:** |
| **For external communities/stakeholders:** (not staff and student of Nelson Mandela University) |  |
| **Internal communities/stakeholders:**(staff and students of Nelson Mandela University) |  |
| **How will the project contribute towards faculty/department/entity engagement goals and objectives?***(Refer to your Department/Faculty’s strategic plan here)* |
|  |
| **Briefly describe how the project will contribute towards Vision 2020 and the Nelson Mandela University values:***(Refer directly to the Nelson Mandela University values and Vision 2020 strategic priorities)* |
|  |
| **How will the project contribute towards innovative teaching and learning, research and service functions of the Nelson Mandela University?** |
| **Teaching and Learning**: |
| **Research**: |
| **Service**: |
| **How will the project contribute towards interdisciplinary partnership building between the Nelson Mandela University and its external communities?** |
|  |
| **How will this project contribute to the scholarship of engagement?** |
|  |
| **How will this project showcase and promote Nelson Mandela University as an engaged institution?** |
|  |
| **Will there be an advisory board or governing body of some kind for this project? Briefly describe who will serve on such a committee/body:** |
|  |
| **How will the project be managed, monitored and evaluated?** |
| **Funding:** |  |
| **Human resources (people, their time and input):**  |  |
| **Project progress towards outcomes:** |  |
| **Reporting structures: (When and to whom will reports be submitted?)** |
| **Internal institutional (Nelson Mandela University) structures:***(e.g. HoD, Dean, FMC, Senate)* |  |
| **External (not Nelson Mandela University) structures:** |  |
| **SECTION C: BUDGET – How much funding are you seeking? Provide an itemized budget below.** |
| **Description** | **Amount** |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
| **Internal Nelson Mandela University ITS account into which funding can be paid:** | **CC** | **Acc** |
| **Total amount requested**  |  |
| **Have you previously applied for or been granted funding by this fund (the Engagement Advancement Fund) for this specific project?** (*indicate with an* ***X***) | **YES** | **NO** |
| **If you answered *yes* to the above question: when did you receive the funding (specify all previous funding cycles) and how much did you receive?** | **Year received** | **Amount received** |
| **Indicate any other funds that have been secured for this project and who the funders/sponsors are.** | **Amount secured** | **Funder/sponsor** |
| **Provide details of any other potential funders that have been sought or may be sought in future to assist in funding/sponsoring this project?**  |  |
| **SECTION D: SIGNATURE OF APPLICANT** |
| Applicant Signature |  | Date |  |
| **SECTION E: RECOMMENDATION BY FACULTY MANAGEMENT COMMITTEE REPRESENTATIVE** |
| Recommended (indicate with an **X**) | Yes |  | No |  |
| Date |  |
| Signature: Chairperson FMC or Applicable PASS Director/HOD |  |
| Comments (if any) |
| **SECTION F: FOR OFFICE USE***(Administered by the Centre for Academic Engagement and Collaboration and the Nelson Mandela University Engagement Committee)* |
| Approved | Not approved | Date |
| Amount approved |  |
| Expected outcomes |  |
| Feedback to applicant |  |