APPLICATION

PROJECT FUNDING UNIVERSITY LANGUAGE BOARD: 2024

NB: This proposal should not exceed 5 typed pages and original Word documents must be submitted electronically to [MsomiN1@ukzn.ac.za](mailto:MsomiN1@ukzn.ac.za) followed by signed hard copies.

**PROJECT LEADER’S DETAILS:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Surname:** | | | **First**  **Name:** | | | | **Title:** |
| **Position:** | | | **College:** | | | **School:** | |
| **Title of project:** | |  | | | | | |
| **Start date of project:** | |  | | | | | |
| **Expected completion date:** | |  | | | | | |
| **Email Address:** |  | | | **Contact No:** |  | | |

1. A description of the request for which the funds will be utilised
2. Succinctly outline the objectives of the proposal
3. What are the anticipated outcomes and deliverables of this project?
4. How will the project be evaluated?
5. Work plan:

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| **WORKPLAN** | **TARGET DATES** |
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1. Proposed Budget

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| Line Item | Amount Requested |
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**TAKE NOTE:** NO APPLICATION WILL BE PROCESSED WITH OUTSTANDING SIGNATURES

(Signatures from the Applicant, Head of School/ Head of Support Sector are mandatory).

1. **FORMALISATION OF THE APPLICATION**

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| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Applicant Date** |

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| **RECOMMENDATION BY THE DEAN & HEAD OF SCHOOL /HEAD OF SUPPORT SECTOR** | | | | |
| **The application IS recommended** |  | **The application IS NOT recommended** | |  |
| **Comments: (Please indicate if additional funds will be provided from your office and if so, what amount)** | | | | |
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| **Name of Dean & Head of School /Head of Support Sector:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature of Dean & Head of School /Head of Support Sector:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Date:** | |

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| **FOR OFFICE USE ONLY** | | |
| **REFERENCE NUMBER** |  | |
| **ACKNOWLEDGED** | YES | NO |
| **APPROVED** | YES | NO |
|  | | |
| **AMOUNT** |  | |