

Biodiversity Boost Fund Application

Section 1: Application details

Project lead organisation	
Project partner organisations	
Name of CaBA group, if a member	
Project lead name	
Project lead email address	
Project lead telephone number	

Section 2: Project details

Project title

Please indicate the type of issue/s the project will address (please tick as many as you need to)

Biodiversity	Community Engagement	Flooding	INNS	Rural Pollution	Urban Pollution	Other
If other pleas	e describe					

Project description

Area of land (ha) or length of river (km) to be enhanced for biodiversity using this fund

If the project is an extension of an existing project please provide details of previous works

Location	
(Please attach a map and any photogra	aphs if available)
Waterbody ID	
Estimated Project Start Date (DD/MM,	/YYYY)
Estimated Project End Date (DD/MM/	YYYY)
Will your project contribute to improv	ed Water Framework Directive classification?
Yes No	
If yes please detail	

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Will your project contribute to improving the status of a protected site currently in unfavourable status (SSSI/SAC/LNR/NNR etc.)?

Yes No

If yes please detail

Please detail any community or volunteer opportunities this project will provide

Please outline the perceived risks to delivering the project, their likelihood, and how you intend to mitigate them

List any planning consents or other permissions required for the works, whether you have obtained them, and if not the date they are expected to be granted by.

Amount of grant funding applying for

Total project cost

If match funding is being used please detail here

Any other information you would like to supply to support your application

Section 3: Proof of eligibility

Bank details: the bank account provided must be in the name of your organisation. When returning this application please include a copy of a recent bank statement (dated within the last 3 months). If successful the fund will be paid into the bank account identified in this section.

Bank name	
Account name	
Sort code	
Account no.	



Further information (if needed):

If relevant, please also provide a copy of your organisation's constitution with this application. The document should be in your organisation's name and signed by appropriate representatives.

Please return this form by email to Zara Turtle at catchment.team@severntrent.co.uk

Deadline: 5pm on Friday 31st May 2019.

If you'd prefer to post it, please send it to:

Zara Turtle Catchment Team Severn Trent Centre 2 St. John's Street Coventry CV1 2LZ