

SME INNOVATION VOUCHER



APPLICATION FORM

PLEASE COMPLETE THE APPLICATION FORM AND SEND TO HIN@SGUL.AC.UK FOR
INFORMAL INQUIRIES PLEASE CONTACT Dr Khalid Shukri KSHUKRI@SGUL.AC.UK

PROJECT TITLE (MAX 50 WORDS)
SHORT DESCRIPTIVE TITLE FOR THE PROJECT

Eligibility

- Are you a UK-based SME?
- Can you contribute equal value cash or in kind?
- Will your project use City St George's specialist facilities or expertise otherwise not available to you?

Please indicate the name of the City St George's academic partner involved in this project:

APPLICANT

Company Name	
Company Number (Companies House)	
Registered Office Address	
Contact Name	
Email	
Telephone	

BACKGROUND

Provide brief background on your company. Please elaborate on your company's current position and plans for future growth. (max 500 words)

PROPOSED PROJECT

Describe your proposed project/idea. How will this help your company to grow or what problem will this solve for you? (max 500 words)

PROJECT PLAN

Provide a project timeline with dates and milestones/deliverables. (max 500 words)

FINANCES

Please provide a costing for your project including the sum you hope to secure through SME Voucher. Please indicate the areas you will fund by your cash or in-kind contribution.

WHATS NEXT?

Assuming successful completion of the project, what would your next steps be? Please indicate how you envisage a future relationship with City St George's could aid the growth of your company.

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ADDITIONAL INFORMATION

Please provide any additional information you think may be of use.

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DECLARATION

I declare that, to the best of my knowledge, the information I have supplied is correct. If successful, I will honour the terms & conditions of the Innovation Award as stated in the award guidelines.

Name (Lead Applicant)	
Signature (Lead Applicant)	
Date	

Name (City St George's Academic Lead)	
Signature (City St George's Academic Lead)	
Date	