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**ACTIVE COLLEGES FUNDING AUTUMN 2014**

**EXPRESSION OF INTEREST**

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| **Name of College:** |  |
| **Name of College project lead** |  |
| **Job Title of College project lead** |  |
| **Email Address of College project lead** |  |
| **Phone Number for College project lead** |  |
| **Is your college currently in receipt of, or benefiting, from Active Colleges investment?** |
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| **Please provide a brief description of your project and how it will lead to an increase in participation at your college:** |
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| **Please outline who from your college will oversee the development of the application and initial roll out of the project:** |
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| * **Please describe how are you planning to consult with a representative group of your student population between now and February 2015 to inform the basis of the project:**
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| **Please outline the partnership working arrangements with your County Sport Partnership to support your college through the application process and the initial stages of delivery if your project is successful:** |
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| **Are you confident that your college can meet the minimum partnership funding requirement?** |
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| **Are you confident that your college is able to deliver this project from September 2015?** |
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| **College Principal Signature** | **CSP Signature** |
|  |  |
| **Print Name and Date** | **Print Name and Date** |
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