Eden Catalyst Fund EOI Form

| * Required | |
|---|--|
| This form will record your name, please fill your name. | |
| | |
| 1. Project title * | |
| | |

Your details 2. Name * 3. Job title * 4. Department/School * 5. Email *

The value must be a number

6. Phone contact (optional)

LSE 2030 and/or Eden Catalyst Fund Theme areas of proposed activity

| 7. Area(s) of LSE 2030 Strategy that project aligns to * |
|--|
| |
| |
| 8. Eden Catalyst Fund themes supported by project * |
| Curriculum enrichment |
| Digital innovation |
| Diversity, inclusion, and decolonisation |
| Student voices, partnership and academic support |
| Other |
| |
| 9. If you selected Other above, please specify |
| |

Proposal

| 10. Outlin | e proposal (5 | 500 words i | max) * | | |
|------------|---------------|-------------|--------|--|--|
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Estimate of funds required

| 1. Staff time * |
|---------------------------|
| |
| |
| 2. Administrative costs * |
| |
| |
| 3. Technology * |
| |
| |
| 4. Materials * |
| |
| |
| 5. Other (please specify) |
| |
| |
| 6. TOTAL * |
| |
| |

Approvals and signature

| 17. Name of HoD/DHoD consulted * | |
|---|---|
| | |
| | |
| 18. Which LSE budget-code/tech string should funds be transferred to, if your application is approved? * | |
| | |
| | |
| 19. Confirmation of HoD/DHoD approval for application * | |
| Yes | |
| ○ No | |
| | |
| 20. If you selected 'no' above, please outline here your reason for not consulting you HOD, as this may mean that we cannot proceed with your application | r |
| | |
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