Please complete the Application Form with reference to the Guidance Notes.

**Applicant details**

|  |  |
| --- | --- |
| Museum name | Museum address and postcode |
|  |  |
| Project contact name | Project contact telephone number |
|  |  |
| Project contact email | Area/County |
|  |  |
| Project title | Amount applied for |
|  | **£** |

Is the museum Accredited or Working Towards Accreditation (please circle or bold as appropriate)?

**SECTION ONE: What is the grant for? How will you use this money?**

The following questions will help the Award Panel to understand your proposed project.

|  |
| --- |
| a) Please provide a brief summary of the project you are asking us to support; stating why your project is needed and by whom. (max 500 words) |
|  |
| b) What will happen as a result of the project? Who will benefit? (max 250 words) |
|  |
| c) How will the project support   * the aims and objectives of your Business Plan (Forward Plan)? * the Creative Case for Diversity? (max 400 words) |
|  |
| d) How will you measure whether the project is successful? (max 200 words) |
|  |
| e) What is the estimated timescale of the project? Who will be responsible for delivering the project? |
|  |

**SECTION TWO: Finance**

|  |  |
| --- | --- |
| **Please outline your project funding summary** | |
| a) Is the museum VAT-registered?  Please note: VAT-registered museums should show all costs and claims exclusive of VAT. Those not registered for VAT should show all costs and claims inclusive of VAT. | YES/NO  (please delete as appropriate) |
| b) Costs  Please provide an indicative list of the specialist services / materials / or equipment you need to purchase in order to deliver the project. Please continue on a separate sheet if necessary. |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL Costs** | **£** |
| c) Match Funding  What resources you will be contributing to this project? E.g. costed staff time, match funding etc. This can be in cash or in kind. Please indicate whether this includes/ excludes VAT. |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TOTAL Match funding** | **£** |
| d) Grant Applied For  How much funding are you seeking from the Small Grants Scheme? | **£** |

**SECTION THREE: Agreement**

Successful applicants will receive a formal Grant Offer and must agree to the terms of the offer including:-

* Providing an interim report by **1 November 2019**
* All project expenditure being completed and invoiced by **2 March 2020**
* Sending copy invoices for all project expenditure to the WMMD team by **21 March 2020**
* Providing a final report by **1 May 2020**
* Forwarding associated images with copyright clearance by **1 May 2020**

**Declaration**

Please sign and date to confirm you have read and agreed to this statement.

|  |  |
| --- | --- |
| Signature | Date |
|  |  |

**Completed Applications**

Please send your completed application forms by email to [wmmd@ironbridge.org.uk](mailto:wmmd@ironbridge.org.uk)

Or by post to West Midland Museum Development Team, Small Grants Scheme 2019-20, Ironbridge Gorge Museum Trust, Coalbrookdale, Telford, Shropshire TF8 7DQ

**The closing date for applications is: 9am, Monday 11 March 2019.**

*For email applications:*

* *Please ensure that your subject line does not contain any full stops or commas*
* *Please ensure that attachments do not contain any full stops or commas (file extensions are acceptable for example .docx)*
* *We can accept Word documents and PDF files*
* *All images must be in JPEG format*
* *If your email contains over 8MB of attachments please send via We Transfer*
* *We will acknowledge receipt of your application within one working day. If you haven’t heard from us after this time please contact us.*