**Please complete the Application Form with reference to the Guidance Notes. If in doubt, contact a member of the WMMD team.**

# Applicant details

|  |  |
| --- | --- |
| **Museum name** | **Museum address and postcode** |
|  |  |
| **Contact name** | **Position** |
|  |  |
| **Contact email** | **Local Authority Area** |
|  |  |
| **Amount applied for** | |
| **£** | |
| **Museum Accreditation status (please circle or make bold as appropriate)** | |
| Accredited Provisional Working Towards Accreditation | |

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

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

|  |  |  |
| --- | --- | --- |
| **a) Please outline the nature of the challenge your museum is facing (max 200 words)**  *Include any context or background information to help us understand your circumstances* | | |
|  | | |
| **b) What evidence is this based on? (max 200 words)**  *You are welcome to provide any evidence or additional documents if relevant to the application* | | |
|  | | |
| **c) What steps are you already taking to address the challenge identified above? (max 200 words)** | | |
|  | | |
| **d) Outline what activity you are applying for (max 200 words)** | | |
|  | | |
| **e) How will this activity address the challenge in the short-term? (max 200 words)** | | |
|  | | |
| **f) How will this activity address the challenge in the long-term? (max 200 words)** | | |
|  | | |
| **g) What would happen without this activity? (max 200 words)** | | |
|  | | |
| **h) Please outline the key milestones for the activity and how it will be managed (max 200 words)**  *Include named individuals who will manage the activity and any external freelancers, partners or consultants who will support you. If you plan to tender for external support please indicate this here.* | | |
|  | | |
| **i) We want to see that your costs are appropriate. Have you provided supporting evidence for costs, such as quotes for freelance/consultant support?**  *If ‘no’, provide further detail below* | YES | NO |
|  | | |
| **Art Council England is working with the Museum Development Network (MDUK) and fifteen other sector partners to provide a coordinated approach to supporting sector colleagues who have concerns about the future of their museums or collections.**  *Sharing your information will help the partnership provide timely and appropriate advice, identify trends, and lobby for support on behalf of the UK museum sector. More information can be found in* [*the July 2021 joint statement on protecting museums and collections at risk*](https://www.artscouncil.org.uk/working-together-protect-museums-and-collections-risk)*.* | | |
| **j) Do you believe you are at risk of closure in the next 12 months?** | YES | NO |
| *If yes, have you completed* [*WMMD’s Concerned About Closure survey*](https://mdwm.org.uk/news/concerned-about-closure-2/)*?* | YES | NO |
| **k) Would you consent to WMMD sharing your information with ACE?** | YES | NO |

# SECTION TWO: Grant funding breakdown

|  |  |  |
| --- | --- | --- |
| **Please outline your project funding summary** | | |
| **a) Grant Applied For**  How much funding are you seeking from the Strategic Intervention Fund? | | **£** |
| **b) 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) |
| **c) Project Costs**  Provide an indicative list of all the project costs including the specialist services/ materials/ or equipment required to deliver the project. Continue on a separate sheet if necessary. | | **£** |
| Total match funding (if applicable) breakdown listed below in section d) | |  |
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|  | |  |
| **(c) TOTAL Costs** | | **£** |
| **d) Match Funding (optional)**  If you plan to contribute cash or in kind support to this project please list below | | **£** |
| Costed staff time | Y / N |  |
| Costed volunteer time | Y / N |  |
| Contribution from core budgets | Y / N |  |
| Transport | Y / N |  |
| Venue costs | Y / N |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **(d) TOTAL Match funding** | | **£** |

**MAKE SURE THAT WHEN YOU ADD UP (a) the Grant Applied for and (d) the Match Funding that they equal (c) the overall costs of the project**

# SECTION THREE: Agreement

All successful applicants will receive a formal Grant Offer and must agree to the following terms:

* To **uphold the** [**Principles for Working with Freelancers**](https://southwestmuseums.org.uk/wp-content/uploads/2021/03/Museum-Freelance-Principles-checklist.pdf)
* To **complete the Organisational Health Check Tool** (if not already done so in last 12 months) and other information requested by WMMD by Thursday 29 February
* To **complete all activity expenditure** within 3 months of receiving your grant payment
* To **forward a copy of all receipts, statements and invoices** to WMMD within four months of receiving your grant payment
* To **submit a final activity report** on completion to WMMD within four months of receiving your grant payment
* To **take part in the National Annual Museum Survey** **2023 or 2024** (depending on date of submission) which helps us establish benchmarking for the museum sector regionally and nationally

**Declaration**

This must be completed by the CEO, Chair, Director or Head of Museum Service.

Please sign and date to confirm:

* You have read and accept the terms of the agreement
* All information provided in the application is true and correct to the best of your knowledge

|  |  |
| --- | --- |
| Signature | Date |
|  |  |
| Print Name | Position |
|  |  |

# Completed Applications

We will only accept applications submitted using our grant application form.

We encourage applicants to carefully consider the value of their grant requested in order that the available funding may support as many museums as possible.

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

Remember to attach copies of supporting evidence such as quotations with your application.

# Deadline

**Panel meetings will be held on the second Tuesday of each calendar month.**

**The deadline for applications is two working days prior to the panel meeting.**

# Acknowledgment

We will acknowledge receipt of your application within one working day. If you haven’t heard from us after this time, please contact us immediately.