**CONNECTED COMMUNITIES**

**PART OF THE KNOW YOUR NEIGHBOURHOOD FUND SUPPORTED BY DCMS**

**EXPRESSION OF INTEREST FORM**

**APPLICATION DEADLINE: 27 NOVEMBER 2023**

Please use this form to submit an expression of interest in applying for the AIM Connected Communities grant. From the applications at this stage, AIM will select a shortlist to make a second stage application. Shortlisted applicants will be contacted in the week commencing 4th December 2023 with an invitation to make a second stage application by 15th January 2024.

Before completing the form, you should:

• ensure that 2 people from your organisation will be responsible for delivering and reporting on your project.

• ensure that those people will attend cohort meetings.

• ensure that your organisation will be active participants in the mentoring process

Applications should be emailed to programmes@aim-museums.co.uk

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| **1. Applicant Information** | | | | |
| **Organisation Name** |  | | | |
| **Address** |  | | | |
| **Charity number or company registration number** |  | | | |
| **Museum Accreditation number (if applicable)** |  | | | |
| **Name of project leader** |  | | | |
| **Contact email and telephone number** |  | | | |
| **Please describe your organisation’s structure** | No of board members | No of Directors | No of staff (including freelance) | No of volunteers |

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| **1b. Applicant Information (partnerships or consortia only)** | | | | |
| **Secondary organisation Name** |  | | | |
| **Address** |  | | | |
| **Name of project leader** |  | | | |
| **Please describe your organisation’s structure** | No of board members | No of Directors | No of staff (including freelance) | No of volunteers |

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| **1c. Applicant Information (partnerships or consortia only)** | | | | |
| **Secondary organisation Name** |  | | | |
| **Address** |  | | | |
| **Name of project leader** |  | | | |
| **Please describe your organisation’s structure** | No of board members | No of Directors | No of staff (including freelance) | No of volunteers |

*Note: if there are more than three* *partners please give further details on a blank document*

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| **2. Application Questions** |
| **2.1 Please state the eligible area(s) where your project will have an impact.** |
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| **2.2 Please tell us about your operating context, including opening times and restrictions, entry fees, visitor numbers and demographics (where known). Where a partnership or consortium is applying, or a national organisation, please summarise the lead organisation and the organisation where the activity will take place, if different. 300 words maximum.** |
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| **Please tick the outcome(s) your project will focus on.** |
| Reduced risk of loneliness and increased levels of social connections for participants  Improved accessibility of high-quality volunteering opportunities  Improved organisational relationships with local institutions and other partners engaged in similar work e.g. through increased partnerships between delivery bodies; improved use of local assets for communities; convening processes enabling identification and tackling of systemic barriers. **Mandatory** |
| **2.3 Please provide an outline of your project, including activities, volunteering, staffing, project partners and predicted total costs. Please set out the number of beneficiaries (e.g. participants in loneliness projects or new volunteers) you expect the project to have. 500 words maximum.** |
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| **2.3.5 If a loneliness project please identify which group or groups at risk you will work with from:**  **• People who identify as LGBT**  **• Young people (16-34)**  **• People who recently moved to their current address**  **• People who live alone**  **• People in the lowest income quintile**  **• People with a mental health condition**  **• People with a disability or long term health condition**  **• New parents**  **• People who are unemployed**  **• People who are widowed**  **• Groups identified through local knowledge of chronic loneliness (please specify)** |
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| **2.4 Please provide an estimate of total project costs.** |
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Please return this completed Expression of Interest form to programmes@aim-museums.co.uk and attach the following documents:

Letter confirming interest from a member of the Board of Trustees/Museum Director/Council Head of Museums and/or Culture or equivalent

Copy of your organisation’s constitution/governing document