**CONNECTED COMMUNITIES**

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

**FULL APPLICATION FORM**

**APPLICATION DEADLINE: 15 JANUARY 2024**

1. **ABOUT YOUR ORGANISATION (see Application Guidance, section 2)**

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| Legal name of museum (Beneficiary of Grant) |  |
| Is this your organisation’s first application to us? |  |
| Project Leader |  |
| Role within Museum |  |
| Email |  |
| Phone |  |
| Organisation Address |  |
| AIM membership number (if applicable) |  |
| Legal status of organisation | Registered Charity  Local Authority  Other Public Sector Organisation  Registered Company or CIC  Private Owner of Heritage  Other – please state: |
| Charity and/or Company Number | Charity Number:  Company Number: |
| Annual Turnover |  |
| If a partnership or consortium, name, address, legal status of other organisation(s), and name of project lead |  |
| If your project involves buildings, land or objects, do you own these outright (Application Guidance, section 13)? | Yes  No  If you are not the owner, please tell us what agreement you have with the owner to undertake the works: |

1. **YOUR PROJECT (see Application Guidance, section 3)**

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| What is the title of your project? |
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| What are the postcodes where you will be delivering? (First part only e.g. CH65) |
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| Describe your project i.e. what activities you will deliver with the funding you have asked for (if you are applying for up to £50,000 up to 800 words – if you are applying for £50,000-£80,000 up to 1,500 words): |
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| Please tell us about your museum’s community and who the project will benefit, and how you will get them involved (up to 500 words): |
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| Please estimate the number of beneficiaries (e.g. participants in loneliness projects or new volunteers) you expect the project to have: |
|  |
| Which of the outcomes does your project support? (Tick all that apply)  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.  **Please note that outcome 3 is mandatory.** |
| 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) |
|  |
| Please tell us how your project will achieve these outcomes, with reference where appropriate to research on effective loneliness and/or volunteering interventions. Ifyour project is a repeat, extension, expansion or otherwise related to a previous or ongoing/existing project or programme please tell us how you know the current work is succeeding (up to 600 words): |
|  |
| Please confirm your commitment to participating in the capacity-building programme and tell us what partnerships you have or hope to develop so your organisation can keep helping to tackle these issues locally in the medium to long term (if you are applying for up to £50,000 up to 500 words – if you are applying for £50,000-£80,000 up to 1,000 words): |
|  |
| Please state any other Know Your Neighbourhood-funded projects you are working with or propose to work with: |
|  |
| When will your project start and finish? You should aim to be ready to start within 1 month of being awarded the grant. All projects must complete by 31st January 2025.  Start date:  Finish date: |
| What will you do to ensure that your project is environmentally sustainable (Application Guidance, section 5 – up to 200 words): |
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1. **MANAGING YOUR PROJECT**

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| How will you manage your project (if you are applying for up to £50,000 up to 600 words – if you are applying for £50,000-£80,000 up to 1,200 words)?  Tell us about:   * The skills and experience of the person who will lead it * The people in the project team * Identify any training that will be necessary for, or will improve the delivery of, the project. This can include staff, volunteers, community partners etc * What will happen to the resulting physical and digital project outcomes produced after the funding ends. For example, the interpretation panels, digital tours etc |
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1. **COSTS OF YOUR PROJECT (see Application Guidance, section 4)**

What are the costs of your project?

The value in the cost column should be the cost including any VAT that cannot be recovered.

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| Activity or Purchase Description | Cost including Irrecoverable VAT | Total |
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| Tell us how you calculated your costs and how do you know they are realistic. For example, they are publicly advertised costs and can be evidenced, you have obtained quotes, or you have paid for similar work in the past (if you are applying for up to £50,000 up to 400 words – if you are applying for £50,000 - £80,000 up to 800 words): |
|  |
| How much funding are you applying for?  £ |
| Do you wish to apply for an additional amount (up to 10% of the total project cost, within the cap of £80,000) for match or seed funding to continue the project?  Yes  Top-up amount £:  Full cost of project including top-up i.e. full amount requested £:  No |

1. **SUPPORTING DOCUMENTS**

Please tick to confirm you have included the following with your application:

A copy of your charitable incorporated organisation (CIO) foundation or association constitution (for CIOs). The memorandum and articles of association (for charitable companies), trust deed or will (for trusts).

A copy of your recent accounts

Briefs for externally commissioned work over £10,000

Letters of support

Safeguarding policy

1. **DECLARATION**

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| * I have read, understand, and accept the notes that came with this application form. I agree that you can check the information in it and any supporting documents with other people and organisations. * My organisation has the power to accept a grant, under your terms, and the power to pay back the grant if the terms are not being met. * I understand that any misleading statements (whether deliberate or accidental) I give at any point during the application process, or any information I knowingly withhold, could mean my organisation’s application is not valid, in which case you will cancel the grant and claim back the money we have received, stop assessing and return the application, or withdraw any grant you offered my organisation. * I am authorised to put forward this application on behalf of my organisation. * On behalf of my organisation, I agree that if we receive any grant from you for our project, we will keep to the standard terms of grant (and those of the Arts Council and/or DCMS as the origin of the funds, as required) and any further terms and conditions set out in the grant notification letter. * On behalf of my organisation, I agree that we understand the different elements of the programme (grants and capacity-building) and that full participation in both is necessary throughout the life of the project, and will make staff and/or volunteer time available. |
| Name: |
| Position: |
| Organisation: |

Send to programmes@aim-museums.co.uk