

3b.

Aims, objectives, expected outcomes of your project - what do you hope to achieve? How long do you plan it to take and who else is involved? (Please refer to guidance notes for further information)

Location:

Target Audience (Please tick the appropriate box)

Age Range

Under 5	<input type="checkbox"/>	5 -13	<input type="checkbox"/>	13 – 19	<input type="checkbox"/>	19 – 25	<input type="checkbox"/>
25 – 35	<input type="checkbox"/>	35 – 60	<input type="checkbox"/>	Over 65	<input type="checkbox"/>		

Ethnicity

White British	<input type="checkbox"/>	Asian	<input type="checkbox"/>	Black	<input type="checkbox"/>
Mixed Race	<input type="checkbox"/>	Other	<input type="checkbox"/>		

People with a disability

Other audiences
Artists Families Schools

Expected Audience (approximate numbers)

No. of viewers/audience	<input type="text"/>	No. of performances	<input type="text"/>
No. of Workshops	<input type="text"/>	No. of participants	<input type="text"/>

How did you hear about the Arts Gateway MK?

<input type="checkbox"/>	Our Website	
<input type="checkbox"/>	MK Web or other Website – please specify	<input type="text"/>
<input type="checkbox"/>	Charity Literature – please specify	<input type="text"/>
<input type="checkbox"/>	An event – please specify	<input type="text"/>
<input type="checkbox"/>	Previous contact / AGMK rep – please spec.	<input type="text"/>
<input type="checkbox"/>	Other – please specify	<input type="text"/>

SECTION B.

4. Have you received an Arts Gateway MK grant before? Yes / No (delete as appropriate)
If Yes, please give details of **when** and **how much** you were awarded:

Type of grant – (Start up or other)

When - Year and month

How much

5. If you are applying for a grant to buy specialist equipment, please provide 2 written quotes and evidence of your training or experience. NB: Arts Gateway MK is less likely to fund applicants if they have little or no experience of working with the type of equipment for which they are requesting support for.

6. Are you self employed?

7. Do you have public liability or other relevant insurances for your project?

8. If Arts Gateway MK is unable to fund your project or awards a grant that is less than the requested? Would the project still go ahead? How would you change it so it could still be delivered?

SECTION C

THE BUDGET SUMMARY

Please itemise your income and expenditure for your project. This must be completed even you have provided a budget breakdown sheet. Be realistic about your expected income and please ensure your income and expenditure totals match. Give FULL budget details of other grant applications you have made. If you succeed in raising funds from other sources and consequently no longer need funds from Arts Gateway MK you must notify the Administrator as soon as possible (see bottom of P.1 for the telephone number).

KEEP A COPY OF ALL APPLICATIONS THAT YOU HAVE MADE FOR THIS PROJECT & THE BUDGETS THAT CORRESPOND TO THEM.

Expected Income for your project: (refer to Guidance Notes - Funding Section)		
Arts Gateway MK: £	<input type="text"/>	<u>Delete as appropriate:</u>
Other Grants #1: £	<input type="text"/>	Confirmed / Decision pending
#2: £	<input type="text"/>	Confirmed / Decision pending
Sponsorship /Donations: £	<input type="text"/>	Confirmed / Decision pending
Ticket Sales: £	<input type="text"/>	
Programme Sales & Advertising: £	<input type="text"/>	
Own contribution: £	<input type="text"/>	<input type="text"/>
Other (please specify): £	<input type="text"/>	<input type="text"/>
Income Total		
£		

Expenditure: (refer to Guidance Notes - Funding Section)		
Professional Fees: £	<input type="text"/>	<u>Please use a separate sheet of paper to provide details of fees etc. and how you arrived at these figures.</u>
Course Fees: £	<input type="text"/>	
Admin (post/tel/stationery etc): £	<input type="text"/>	
Venue/Rehearsal Space Hire: £	<input type="text"/>	
Publicity / Marketing: £	<input type="text"/>	
Materials: £	<input type="text"/>	
Other (please specify): £	<input type="text"/>	
Expenditure Total		
£		
Total Grant Requested from Arts Gateway MK	<input type="text"/>	Delete as appropriate: Grant / Start Up Grant / Guarantee against loss

SECTION D. Applicants must print the last page, complete & sign and post along with any relevant hard-copy documents to the Administrator. If you have the documents in electronic form, please email them along with this application form (no need to send them in as well) to save printing paper and also to save administration time to scan them.

If any of the following are not applicable, please state n/a.

CHECK LIST

Have you read the guidance notes?

Have you filled in ALL relevant questions?

Please enclose the following documents with your application where appropriate

Business plan or professional development plan (if available)

Written quotations x 2 (for materials, equipment of professional services)

CV (you may also consider including examples of your work)

Child Protection Policy/ MK Council Youth Reg. Scheme – please provide certificate and CRB certificate (if appropriate)

If you are unable to provide any of the above, please use the space below to either note the reason why

DECLARATION

I have completed all questions required and enclosed the required documents. All information contained in this application form is correct

Signed

Date

Name in CAPITALS

By returning this form you will have given permission under the Data Protection Act 1998 for your details to be included on the Arts Gateway MK database. We may use this information to provide you with details of schemes and events which may be of interest to you.

I do not wish to receive any further information from Arts Gateway MK

I do not wish my details to be shared with similar organisations to AGMK
