



**4b. Project Title & Description continued:**

**Aims and Objectives of your project - what do you hope to achieve?**

Location:

When will it take place and how long for:

**Anticipated Numbers:**

**Participants**

No. of audience

  

No. of performances

  

Schools

  

No. of Workshops

No. of people participating

Students

**Age Range**

Under 5

  

5 -13

  

13 – 19

  

19 – 25

  

25 – 35

35 – 60

Over 65

**Sex**

Male

Female

**Ethnicity**

White British

  

Asian

  

Black

  

Mixed Race

Other

**Disability**

Physical

Sensory

Learning Disability

Survivors/Users of Mental Health Services

**How did you hear about the Arts Gateway MK?**

  
  
  
  
  

Our Website

MK Web or other Website – please specify

Charity Literature – please specify

An event – please specify

Previous contact / AGMK rep – please spec.

Other – please specify

## SECTION B.

**4. Have you received a 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**

**6. How will you fund this project if the Arts Gateway MK awards a grant that is less than the total cost of your project? Would the project still go ahead?**

**7. If you are applying for a grant in order to buy equipment, please tell us about your experience and competence with regard to that type and similar types of equipment. MKAA REQUIRES THAT YOU SUPPLY AT LEAST 2 QUOTES FOR ALL ITEMS OF EQUIPMENT OVER THE VALUE OF £50. 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.**

**8. Please tell us about any areas of advice which you feel would be of benefit to you for your project.** Our panel members are experts in a wide number of creative fields. We can provide you with a wealth of free knowledge and experience (even if we decide not to award any funding)

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## SECTION C:

Please note that the maximum grant to organisations is £1,500, but the Arts Gateway MK is unlikely to award grants of more than £1,000.

**9. Finances of your Organisation:**

Total Income of your organisation in the last financial year

£

Total amount spent in the last financial Year

£

Current unrestricted reserves

£

**10. Bank Details:**

|  |  |  |  |
|--|--|--|--|
| Name of Bank:  |  |  |  |
| Name on Account:   |  |  |  |
| Branch:  |  |  |  |
| How many authorised signatures do cheques from this account require? |  |  |  |

**11. General Activities of your Organisation or Group:**

**a)** Tell us about the general activities of your group, including its aims and how often you meet.

**b)** Please write below what you do to ensure that, as far as is possible, your activities are accessible to all sections of the community.

**12. Committee Members:**

|              |  |      |  |
|--------------|--|------|--|
| Chairperson: |  | Tel: |  |
| Treasurer:   |  | Tel: |  |
| Secretary:   |  | Tel: |  |

**13. Partner Organisations**  
Please give contact details for any organisations with whom you will be working in partnership on this project (the main contact should be someone who has full knowledge of the project):

|                                   |  |                   |  |
|-----------------------------------|--|-------------------|--|
| <b>Main Partner Contact Name:</b> |  |                   |  |
| <b>Organisation/Group Name:</b>   |  |                   |  |
| <b>Address:</b>                   |  |                   |  |
|                                   |  |                   |  |
|                                   |  | <b>Post Code:</b> |  |
| <b>Tel:</b>                       |  | <b>Fax:</b>       |  |
| <b>Email:</b>                     |  | <b>Site:</b>      |  |

**SECTION D**

**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. WE EXPECT ORGANISATIONS TO ENCLOSE A FULL BUDGET BREAKDOWN OF ALL INCOME & EXPENDITURE IN ADDITION TO FILLING IN THE SUMMARY BELOW.**

**14. Expected Income for your project:** (refer to Guidance Notes - Funding Section)

|                                |   |  |                               |
|--------------------------------|---|--|-------------------------------|
| Arts Gateway MK:               | £ |  | <b>Delete as appropriate:</b> |
| Other Grants #1:               | £ |  | Confirmed / Decision pending  |
| #2:                            | £ |  | Confirmed / Decision pending  |
| Sponsorship /Donations:        | £ |  | Confirmed / Decision pending  |
| Ticket Sales:                  | £ |  |                               |
| Programme Sales & Advertising: | £ |  |                               |
| Contributions In-Kind:         | £ |  |                               |
| Other (please specify):        | £ |  |                               |
| <b>Income Total</b>            |   |  |                               |
| £                              |   |  |                               |

**15. Expenditure:** (refer to Guidance Notes - Funding Section)

|                                  |   |  |   |
|----------------------------------|---|--|---|
| Professional Fees:               | £ |  | <b>Please use a separate sheet of paper to provide details of fees etc. and how you arrived at these figures.</b> |
| Course Fees:                     | £ |  |   |
| Admin (post/tel/stationery etc): | £ |  |   |
| Venue/Rehearsal Space Hire:      | £ |  |   |
| Publicity / Marketing:           | £ |  |   |
| Materials:                       | £ |  |   |
| Other (please specify):          | £ |  |   |
| <b>Expenditure Total</b>         |   |  |   |
| £                                |   |  |   |

|   |   |  |
|---|---|--|
| <b>Total Grant Requested from Arts Gateway MK</b> | £ | Delete as appropriate:<br><b>Grant / Start Up Grant / Guarantee against loss</b> |
|---|---|--|

## SECTION E

### 16. Monitoring Progress

Please state what you hope to have achieved:

#### a) Six months after receiving an Arts Gateway MK grant

#### b) Twelve months after receiving an Arts Gateway MK grant

**Please note:** You may be required to return any grant awarded if you do not return your evaluation report at the agreed time.

**SECTION F** - Applicants must print the last 2 pages, 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 to save printing paper and also to save the administrator time in scanning them.

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

## CHECK LIST

**Please use this check list to ensure that you have attached all required documents.**

- Have you filled in ALL relevant questions?**
- Accounts** for the last full financial year. If accounts are more than 6 months old, please provide up-to-date income and expenditure accounts
- Constitution / Aims & Objectives** (unless previously submitted)
- Latest Annual Report or AGM minutes.**
- Minutes of the last three Management Committee meetings**
- Business Plan or Development Plan** (if available)
- Written quotations x 2** (for capital purchases)
- CVs**, if the project will employ artists, facilitators or trainers.
- Child Protection Policy/ MK Council Youth Reg. Scheme** – please provide certificate and CRB certificate if your project involves working with young people under the age of 18 and vulnerable adults.
- Education Policy** (if applicable)
- Health & Safety Policy** (if applicable)

**If you are unable to provide any of the above, please use the space below to either note the reason why or to tell us when you will be able to forward those missing to Arts Gateway MK.**

**17. DECLARATION**

I certify that I have completed a grant application requesting a grant of £  from Arts Gateway MK.

**I have completed all questions and enclosed the required documents. All information contained in this application form is correct and I am authorised to make the application on behalf of:**

|                                       |                      |              |                      |
|---------------------------------------|----------------------|--------------|----------------------|
| <b>Name of organisation/group</b>     | <input type="text"/> |              |                      |
| <b>Signed</b>                         | <input type="text"/> | <b>Date:</b> | <input type="text"/> |
| <b>Name in CAPITALS</b>               | <input type="text"/> |              |                      |
| <b>Position in group/organisation</b> | <input type="text"/> |              |                      |

**This form MUST be countersigned by the Treasurer or a Trustee.**

|                          |                      |
|--------------------------|----------------------|
| <b>Signed</b>            | <input type="text"/> |
| <b>Name in capitals</b>  | <input type="text"/> |
| <b>Position in group</b> | <input type="text"/> |
| <b>Date</b>              | <input type="text"/> |

**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 organisation to AGMK**