****

**Museum Development London and The Art Fund:**

**Museum Recovery Grants 2021**

**Application Form**

### **Closing date for applications: by 12.00 noon on Monday 05 July 2021**

### **to** [**mdgrants@museumoflondon.org.uk**](mailto:mdgrants@museumoflondon.org.uk)

*Please note applications submitted after this deadline will not be accepted.*

It is essential that you read the **Guidelines for Applicants** before filling in this form. Please read the application form carefully and fill in all sections of the form as fully as you can. Please put the name of the programme you are applying for into the subject header of your message to the email address above.

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| --- | --- | --- | --- |
| **1. Your organisation** | | | |
| **Name of Organisation:** |  | | |
| **Address of Organisation:** |  | | |
| **Contact name:** |  | | |
| **Job Title:** |  | | |
| **Contact email address:** |  | | |
| **Contact telephone number:** |  | | |
| **Is your museum within the City of London & 32 London Boroughs?** | ***Yes*** | ***No*** | ***Which London Borough are you based in?*** |
| □ | □ |  |
| **Is your museum fully accredited?** | ***Yes*** | ***No*** | ***Accreditation Number:*** |
| □ | □ |  |
| **Is your museum officially ‘Working Towards Accreditation’?** | ***Yes*** | ***No*** | ***Temporary Accreditation Number:*** |
| □ | □ |  |
| **Has your museum been awarded any Covid related Emergency Funding to date? e.g from your Local Authority, ACE, NLHF etc** | ***Yes*** | ***No*** | ***Emergency funding awarded:*** |

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| **2. Your risk assessment:** | | | |
| ***Does your museum employ more than 5 people?*** | ***Yes*** | ***No*** | ***Number of employees*** |
|  |  |  |
| ***Have you carried out a risk assessment in preparation for re-opening?*** | ***Yes*** | ***No*** | ***Please attach a copy of your risk assessment with this application:*** |
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| **If your museum employs fewer than 5 people and you are not required to write a risk assessment please complete the table below, in relation to the nine museum considerations set out for a museum to reopen set out in the NMDC Museum guidelines for re-opening:** | | | |
| **Government has clearly announced that museums and galleries can re-open.** | ***Yes*** | ***No*** | Brief comment on your organisational readiness to re-open. |
|  |  | From 17 May 2021 |
| **Security of workers, public and sites can be sufficiently maintained in light of any operational changes to account for COVID-19** | ***Yes*** | ***No*** |  |
| **Workforce\* safety and wellbeing can be supported** | ***Yes*** | ***No*** |  |
| **Public safety \*\* can be assured** | ***Yes*** | ***No*** |  |
| **Buildings and processes can be adapted to support re-opening** | ***Yes*** | ***No*** |  |
| **The business case support re-opening** | ***Yes*** | ***No*** |  |
| **Museums are confident that visitors will return, and they can provide services in keeping with their public purpose.** | ***Yes*** | ***No*** |  |
| **Transport systems can support museum visitors, workers’ travel and supply chains while noting adaptations to normal practice may be required based on available guidance at the time of re-opening.** | ***Yes*** | ***No*** |  |
| **Local context, including location, museum offer, constitution and business model permit** | ***Yes*** | ***No*** |  |
| ***\*****Workforce is taken to include volunteers and other contract workers working in and around museum buildings*  *\*\*indicating that museums feel confident that risks have reasonably been assessed and mitigated* | | | |

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| **3. Information about your Recovery Programme** | | | |
| **Anticipated date for re-opening** |  | | |
| ***What do you see as the key challenges for your museum during the current financial year to April ‘22?*** | | | |
|  | | | |
| ***How might the self-assessment and advisory report fit into your recovery plans for the museum?*** | | | |
|  | | | |
| ***Do you, or your museum have any experience of continuous improvement programmes or training e.g. Survive and Thrive, AGILE etc?*** | | ***Yes*** | ***No*** |
| Please describe your previous experience: | | | |
| ***Please provide three suggested dates on which it might be possible for you to complete a self-assessment using the MDN Healthcheck toolkit. Please also indicate whether you would like this to be facilitated by a Museum Development Officer. This should take no longer than 3.5 hours to complete with a small team from the museum, either onsite or virtually.*** | | | |
| ***Dates between 12 July – 01 September:*** | | | |
| ***Would you like your self-assessment to be facilitated by a Museum Development Officer?*** | | ***Yes*** | ***No*** |

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| **4. Information provided in support of application** | | | |
| **a. Risk assessment** | ***Evidence provided as an attachment to the application form*** | ***Yes***  □ | ***No***  □ |
| **b. Forward Plan** | ***Evidence provided as an attachment to the application form:*** | ***Yes***  □ | ***No***  □ |
| *Please submit a copy of the museum’s current Forward Plan along with the application.* | | |

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| **5. Skill Sharing** | | | |
| **Please indicate how you intend to share learning from involvement in the scheme with the wider museum community:** | | | |
| ***a. Participate in skills sharing events as required:*** | ***Yes*** | ***No*** | ***Any comments:*** |
| □ | □ |  |
| ***b. Write a case study for the LMD Team and Arts Council England:*** | ***Yes*** | ***No*** | ***Any comments:*** |
| □ | □ |  |
| ***c. Other*** | ***Yes*** | ***No*** | ***Evidence provided:*** |
| □ | □ | *If other, please describe:* |

|  |  |
| --- | --- |
| **6. Submitting your application** | |
| **a. Application Declaration** | |
| The following declaration must be signed by the senior officer responsible for this project:   |  | | --- | | I declare that the information given above is correct to the best of my knowledge. I understand that Museum of London’s standard grant conditions will be applied. I give permission for the Museum of London to retain my organisation’s Forward Plan on file for uses as stated below. | | |
| **Name (please print):** |  |
| **Job Title:** |  |
| **Signature:** |  |
| **Date:** |  |
| **b. Please attach your written risk assessment to this application.** | |
| **c. Please attach your current Forward Plan alongside this application.** | |
| **Our policy regarding use of information:**   |  | | --- | | All information provided in this application will be used only for the purposes of awarding these grants. Any contact information provided will only be used in reference to your grant application or project.  Applicants Risk assessments and Forward Plans will be retained, in confidence, to help us to support you with future training, advice and programmes. | | |