****

**London Museum Development**

**Measuring Up Programme**

**2018-2022**

### **Application form**

### Please return this application no later than **5.00 pm Monday 16 July** to: **mdgrants@museumoflondon.org.uk**

It is essential that you read the **guidance for applicants** before filling in this form

## Your organisation

|  |  |
| --- | --- |
| **Name of Organisation:** |  |
| **Address:** |  |
| **Is your museum Accredited?** |  |
| **Is your museums working towards Accreditation?** | **Date for submission**  |
| **Does your museum have a current Forward Plan** | **Dates of plan …** |
| ***Please submit your current Forward Plan to support your application*** |

|  |
| --- |
| **Please indicate which strand(s) of the programme you are applying for:** |
| 1. Collection grant
 | Max grant available £500.00 |[ ]
| 1. Digital grant
 | Max grant available £500.00 |[ ]
| 1. Mystery shopper
 |  |[ ]

|  |  |  |  |
| --- | --- | --- | --- |
| **Contact name:**  | **Job title:** | **Contact email address:** | **Telephone:** |
| Collection grant  |  |  |  |
| Digital grant |  |  |  |
| Mystery Shopper |  |  |  |

|  |
| --- |
| **Section A: Collection Grant** |
| **Please give a brief description of your key collections (no more than 50 words):** |
| **Please give a brief description of your proposal and describe how it will benefit your collections. (no more than 400 words)** |
| **Please describe how this project might enhance staff development or training, or impact on public access.** |
| **Has this project been prioritised and/or developed with advice or input from a conservation or documentation specialist?** Yes\* / No\* Please indicate the type of advice or input given (e.g. Regional Collections Care Development Officer, MDO visit, Regional Training) |
| Has this project been prioritised as part of your organisation’s collection wide preservation/conservation management plan or documentation plan?: Yes/NoIf ‘Yes’ please enclose/attach the relevant section of your planIf ‘No’ please indicate why you are prioritising this project for a grant application |
| Please indicate your willingness to take part in a reciprocal peer assessment of your collection care project with one of the successful applicants.

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |
|  |  |

 |
| Project Cost Breakdown for Collection Grant:

|  |  |  |  |
| --- | --- | --- | --- |
| Materials / services required  | Supplier (if known) | £ costs  | These costs are: |
|  |  |  | estimated /confirmed |
|  |  |  | estimated /confirmed |
|  |  |  | estimated /confirmed |
|  |  |  | estimated /confirmed |
| Total Project Cost: |  |  |
| Grant Requested (maximum £500.00) |  |  |

 |

|  |
| --- |
| **Section B: Digital Grant** |
| **Please give a brief description of your current digital output (no more than 50 words):** |
| **Please give a brief description of your proposal and describe how it will benefit your institution. (no more than 400 words)** |
| **Please describe how this project might enhance staff development or training, or impact on public access.** |
| **Has this project been prioritised and/or developed with advice or input from a digital specialist?** Yes\* / No\* Please indicate the type of advice or input given (e.g. MDO Digital & Communications, MDO visit, Digital Futures Training) |
| Has this project been prioritised as part of your organisation’s digital strategy / policy / plan? Yes/NoIf ‘Yes’ please enclose/attach the relevant section of your planIf ‘No’ please indicate why you are prioritising this project for a grant application |
| Please indicate your willingness to take part in a reciprocal peer assessment of your collection care project with one of the successful applicants.

|  |  |
| --- | --- |
| Yes | [ ]  |
| No | [ ]  |

 |
| Project Cost Breakdown for Collection Grant:

|  |  |  |  |
| --- | --- | --- | --- |
| Materials / services required  | Supplier (if known) | £ costs  | These costs are: |
|  |  |  | estimated /confirmed |
|  |  |  | estimated /confirmed |
|  |  |  | estimated /confirmed |
|  |  |  | estimated /confirmed |
| Total Project Cost: |  |  |
| Grant Requested (maximum £500.00) |  |  |

 |

|  |
| --- |
| **Section C: Mystery Shopper** |
| **Please indicate the visitor facilities available at your museum*** Permanent exhibition space
* Temporary Exhibition space
* Museum shop
* Museum café
* Toilets
* Website
* Outside space/gardens
* Parking
* Other – please give details below:
 |
| **Please indicate visitor figures for the last 2 years:**

|  |  |
| --- | --- |
| 2016 – 17 visitor figures |  |
| 2017 – 18 visitor figures |  |

 |
| **Please describe how taking part in the Mystery Shopper programme fits in with your current priorities.** |
| **Please describe how this project might enhance staff development or training, or impact on the visitor experience for your museum.** |
| **Please indicate your availability to take part in the kick off meeting on Monday 3rd September 2018*** A member of staff will be available for the meeting
 |
| **Please indicate your availability to take part in the facilitated session to discuss findings on Friday 15 February 2019*** A member of staff will be available for the meeting
 |
| **Participants in the Mystery Shopper programme will need to take part in up to 3 reciprocal visits to museums during the period October – January 2019, it is anticipated that each visit will take at least ½ day to complete. Please indicate your willingness to take part in these visits.*** A member of staff will be available to take part in reciprocal visits to other museums in the programme
 |

**Submitting your application:**

**Step 1) 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.Signed: Name (please print):Position: Date: |

**Step 2) Please attach your current Forward Plan alongside this application.**

**Step 3) Please submit this form and supporting documents (such as your forward plan) by email to**: **mdgrants@museumoflondon.org.uk**

**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 Forward Plans will be retained, in confidence, to help us to support you with future training, advice and programmes.

