**London Museum Development**

**Diversity Matters Programme**

**2018-2022**

**Application Form**

### **Closing date for applications: by 5.00pm on Tuesday 02 July 2019 to** **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 aspects of the form. Please put the name of the grant you are applying for into the subject header.

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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:*** |
| □ | □ |  |
| ***Please submit your current Forward Plan and Equality Action Plan to support your application.*** |

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| **2. Basic information on your Project** |
| **Title of project:** |  |
| **Planned project start date:** |  |
| **Planned project end date:** |  |
| **Total Grant sought from the LMD:** | £ |
| **Which protected characteristic group(s) will you be working with during your project?** | ***Age:***  | ***Yes***□ | ***No***□ |
| ***Disability:*** | ***Yes***□ | ***No***□ |
| ***Gender reassignment:*** | ***Yes***□ | ***No***□ |
| ***Marriage and civil partnership:*** | ***Yes***□ | ***No***□ |
| ***Pregnancy and maternity:*** | ***Yes***□ | ***No***□ |
| ***Race:*** | ***Yes***□ | ***No***□ |
| ***Religion and belief:*** | ***Yes***□ | ***No***□ |
| ***Sex:*** | ***Yes***□ | ***No***□ |
| ***Sexual orientation:*** | ***Yes***□ | ***No***□ |
| ***Class and socio-economic status:*** | ***Yes***□ | ***No***□ |

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| **3. Further information on your Project** |
| **a. Please describe the current audience profile and your local community profile in more detail (up to 300 words):** |
| ***Questions to consider: Who are your current users? Who are your non-users? Who is your local community?***  |
|  |
| **b. Please provide a description of the nature of the activity/project you would like us to support through this grant scheme (up to 500 words):** |
| ***Questions to consider: What work will be carried out during the project? Who will deliver it? What group(s) will you work with? How has the group(s) been involved in planning the activity/project? What will the outputs and outcomes of the project be? What will the public facing output(s) be?*** |
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| **c. Please describe the reasons and need for this activity (up to 300 words):** |
| ***Questions to consider: Why do you want do this project? How does this planned activity relate to the museum’s Equality Action Plan and current Forward Plan?*** |
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| **d. Please describe the legacy of the project (up to 300 words):** |
| ***Questions to consider: What impact do you think the project will have your general visitors? What impact do you think it will have on the group(s) you work with? How will this work be supported following the end of the project? How will the project enable you to diversify your general visitor profile/audiences?*** |
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| **4. Project Evaluation** |
| **a. Please describe how you intend to evaluate the project (up to 300 words):** |
| ***Questions to consider: What evaluation methodologies will you use to evaluate the success of the project with the group(s)? How will you measure the impact of the project on your visitor profile? How will you capture the diversity of your visitors to capture this data?*** |
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| **5. Project Costs** |
| **a. Is your museum VAT registered?** | ***Yes*** | ***No*** | ***Evidence provided:*** |
| □ | □ | *If yes please provide your VAT registration number:* |
| Please note:* If you are registered for VAT, your project costs should not include VAT
* If you are not registered for VAT, your project costs should include VAT
* The London Museum Development Team’s obligation does not extend to paying any amounts in respect of VAT in addition to the grant.
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| **b. Overall Project Costs** |
| *Please provide information on the Cost Breakdown:* |
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| --- | --- | --- | --- | --- |
| **Materials / services required** | **Supplier (if known)** | **£ costs****ex. of VAT**  | **£ costs****in. of VAT** | **These costs are:** |
|  |  | £ | £ | estimated / confirmed |
|  |  | £ | £ | estimated / confirmed |
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|  |  | £ | £ | estimated / confirmed |
|  |  | £ | £ | estimated / confirmed |
| **Total Project Cost** | **£** | **£** |  |
| **Total Grant requested (maximum £1,000)** | **£** | **£** |  |

*Please add additional lines as needed.* |

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| **6. Information provided in support of application**  |
| **a. Equality Action Plan** | ***Evidence provided as an attachment to the application form:*** | ***Yes***□ | ***No***□ |
| *Please submit a copy of the museum’s Equality Action Plan either signed off by the board or with an accompanying letter of support from the Board of Trustees along with the application.* |
| **b. Forward Plan** | ***Evidence provided as an attachment to the application form:*** | ***Yes***□ | ***No***□ |
| *Please submit a copy of the museum’s Forward Plan along with the application.* |
| **c. Have you received advice/ support from the group(s) you wish to work with as part of the project?** | ***Evidence provided as an attachment to the application form:*** | ***Yes***□ | ***No***□ |
| *Please provide any notes from the audience/group(s) consultation meeting along with the application.**If no, please make explain here you will be working with the group as part of the project to plan and deliver the intended output(s)… (no more than 200 words)* |

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| **8. 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:* |

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| **9. Submitting your application**  |
| **a. Application Declaration** |
| The following declaration must be signed by the senior officer responsible for this project:

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| 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 and Equality Action Plan on file for uses as stated below. |

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| **Name (please print):** |  |
| **Job Title:** |  |
| **Signature:** |  |
| **Date:** |  |
| **b. Please attach your current Forward Plan alongside this application.** |
| **c. Please attach your Equality Action Plan alongside this application.** |
| **Our policy regarding use of information:**

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| 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 and Equality Action Plans will be retained, in confidence, to help us to support you with future training, advice and programmes. |

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