**London Museum Development**

**Museum Re-opening grants 2020**

**Application Form**

### **Applications will be considered on a rolling basis until all the remaining grants are awarded. The last opportunity to submit applications is: 12.00 noon on Monday 02 November 2020 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 aspects of the form. Please put the name of the grant you are applying for into the subject header when submitting your application to us via 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 Borough are you based in?*** |
|  |  |  |
| **Is your museum fully accredited or holds Provisional status?** | ***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:*** |
| ***Please submit your current Forward Plan to support your application.*** | | | |

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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:*** |
|  |  |  |
| **If your museum employs fewer than 5 people and you do not have 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 04 July 2020 |
| **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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| **2. Basic information on your Project** | |
| **Title of project:** |  |
| **Planned project start date:** |  |
| **Planned project end date:** |  |
| **Total Grant sought from the LMD (min £500, max £2000):** | £ |

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| **3. Further information on your Project** | | |
| **a. Please provide a brief description of what will be covered by this application (no more than 300 words):** | | |
|  | | |
| **b. Please indicate which of the following actions will be covered by your application:** | | | |
| Actions and/or equipment to facilitate enhanced cleaning and hygiene for workforce and the public | ***Yes*** | ***No*** | |
| Modifications to enable social distancing e.g. installation of screens and barriers | ***Yes*** | ***No*** | |
| Signage to enhance public safety | ***Yes*** | ***No*** | |
| Purchase of additional equipment e.g. contact payment systems or systems to allow timed ticketing | ***Yes*** | ***No*** | |
| Digital solutions e.g. apps for use in gallery or upgrades to websites to ensure clear communication with the public | ***Yes*** | ***No*** | |
| Training for the workforce e.g. regarding re-opening protocols, management of spaces etc | ***Yes*** | ***No*** | |
| Purchase of PPE for workforce | ***Yes*** | ***No*** | |
| Maintenance issues arising from the prolonged closure period | ***Yes*** | ***No*** | |
| Collection care issues (e.g. pest control) arising from the prolonged closure period | ***Yes*** | ***No*** | |
| New visitor experience initiatives to ensure a worthwhile and safe visit for the public | ***Yes*** | ***No*** | |
| Marketing costs e.g. reprint of leaflets etc | ***Yes*** | ***No*** | |
| Upgrades to computer systems to allow home working where possible Not sure about this one | ***Yes*** | ***No*** | |
| Other – please describe any other costs below: | ***Yes*** | ***No*** | |
| **c. Please describe how your museum’s finances have been affected by the Covid crisis and what medium to long term effects are anticipated.** | | | |
|  | | | |
| **d. Please describe the impact that an award through the re-opening grants programme would have on your ability to re-open the museum. (no more than 300 words)** | | | |
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| **4. Project Costs** | | | |
| **a. Is your museum VAT registered?** | ***Yes*** | ***No*** | ***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 LMD Team’s obligation does not extend to paying any amounts in respect of VAT in addition to the grant. |
| **b. Overall Project Costs** | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Materials/services** | **Supplier (if known)** | **£ costs** | **These costs are:** | |  |  | £ | estimated / confirmed | |  |  | £ | estimated / confirmed | |  |  | £ | estimated / confirmed | |  |  | £ | estimated / confirmed | |  |  | £ | estimated / confirmed | |  |  | £ | estimated / confirmed | | **Total Project Cost** | | **£** | | | **Total Grant requested (maximum £2000)** | | **£** | |   ***Please add additional lines as needed.*** | | | |

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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:* |

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| **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 risk assessment and forward plan to be kept on file for uses as stated below. | | |
| **Name (please print):** |  |
| **Job Title:** |  |
| **Signature:** |  |
| **Date:** |  |
| **b. Please attach a copy of your written risk assessment to this application if you employ more than 5 people.** | |
| **c. Please attach a copy of your Forward Plan (or equivalent) to support your 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. Applicant risk assessments and forward plans will be retained, in confidence, to help us to support you with future training, advice and programmes. | | |