

# My Place

**Grants of up to £2,000 for communities to commission new artwork or arts activity in Herefordshire. A joint funding scheme from the Elmley Foundation and Herefordshire’s A Great Place project.**

*FOR OFFICE USE ONLY:*

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| *DATE SUBMITTED* |  |
| *REFERENCE NUMBER* |  |

Please read the My Place application guidelines and the questions below before you start to fill out this form.

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| **Who are you?** | Organisation:Contact name: Address:Postcode:Email:Telephone:Website and/or social media (optional): |

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| **What do you want to do?***How does it celebrate your community’s history and/or culture?* *How does it communicate what makes ‘your place’ special?* | *Maximum 500 words* |

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| **Why do you want to do it?***What are your main aims? How will you judge whether they have been achieved?**Priority will be given to projects that benefit as many people as possible.* | *Maximum 300 words* |

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| **Where will it happen?***Please tell us about your area.**Priority will be given to projects in areas where there is little or no arts activity.*  | *Maximum 300 words* |

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| **When will it happen?***My Place projects must be completed within 9 months of being awarded funding.* | Start date:End date: |

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| **Who will be involved?***Priority will be given to projects that encourage new audiences to get involved* | Who will organise it: Who are the intended audiences or participants:How many people from the local community will be involved: |

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| **Which professional artist/s do you want to be involved?** *The commissioned artist/s can work in any medium.**Priority will be given to projects that involve young and student artists.* | Who are they?Who chose them?On what grounds have you selected them?How many artists will be involved? If possible, please attach further information on their previous work. |

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| **How much will it cost?***Please tell us your budget for the project* |

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| ***Anticipated outgoings:*** |  |
| *Item: eg Artists fees* | *£* |
| *Item:*  | *£* |
| *Item:* | *£* |
| *Item:* | *£* |
| *Item:* | *£* |
| *Item:* | *£* |
|  |  |
| *Other costs, please list* |  |
| *1.* | *£* |
| *2.* | *£* |
| *3.* | *£* |
| *4.* | *£* |
| *5.* | *£* |
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| *Total outgoings* | *£* |

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| **How will you raise the rest of the money, if more is needed?***Please tell us how you intend to cover the costs of the project. Add extra headings if you need to.**Please tell us which funding sources you are also applying to, and when decisions about the funding is expected.****The total income must equal the total outgoings.*** |

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| ***Income needed:*** |  | ***Secured or pending?*** | ***Date of decision?*** |
| *My Place grant being applied for:* | *£* |  |  |
| *Other grants being applied for (please list)* | *£* |  |  |
| *1. for example, local authority grant* | *£* |  |  |
| *2.* | *£* |  |  |
| *3.* | *£* |  |  |
| *4.* |  |  |  |
| *Sponsorship* |  |  |  |
| *Public fundraising* | *£* |  |  |
| *Contribution from reserves* | *£* |  |  |
| *Earned income – tickets* | *£* |  |  |
| *Sales* | *£* |  |  |
| *Fees* | *£* |  |  |
| *Other, please list* |  |  |  |
| *1.* |  |  |  |
| *2.* |  |  |  |
| *3.* | *£* |  |  |
| *4.* | *£* |  |  |
|  | *£* |  |  |
| ***Total income*** | *£* |  |  |

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| **What about publicity?***Even if your project is very local, we want you to promote it.**Tell us how you plan to you share your story?* | *Maximum 300 words* |

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| **Tell us more about your group.** *Your community group does not need formal constitution, but you must be able to satisfy us of your ability to maintain proper financial and administrative control. Tell us how you will do that.* | When did your community group form:What is its purpose or main aim:Is it a registered charity? If so, please give you charity number:If constituted, please provide us with a copy of your governing document:If not, please explain how your community group is run and attach a copy of the ‘set of rules’ you have in place: |

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| **Bank account***If you are successful you will be paid by BACS and a remittance will be sent to you.* *You will need to send us a copy of a recent bank statement.*  | Name of bank:Account name:Account number:Sort code: |

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| **When should the grant be paid?** | *Maximum 100 words* |

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| **Please provide an independent reference.***Please give us the name and contact details of an independent referee.* *The referee must not be a member of your group or related to any members of your group. Your referee needs to be someone who knows about your group/the group’s work and can tell us about them when we contact them.* | *Please send your referee a Reference Request Form and ensure it is submitted with this application form*Name:Occupation/s or status:Organisation/s:Address:Postcode:Email:Telephone: |

**Almost finished…**

Please check you have completed **all** sections of this form. If you application form is not complete, it will not be considered.

Please read the following **checklist** and tick each box to confirm you have supplied all additional information.

|  |  |
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| Guidelines have been read in full |  |
| Application form, completed in full |  |
| The group’s constitution or set of rules, attached |  |
| The group’s most recent annual accounts, attached |  |
| A copy of a recent bank statement, attached  |  |
| Reference Request, complete and attached |  |
| Artist/s details included |  |
| *Other, please state…* |  |

**By signing this form, we understand and agree that:**

* If awarded a My Place grant, it will be used exclusively for the purposes set out in this application
* If awarded a My Place grant, the project will be completed within 9 months of receiving the Offer of Funding letter
* No major change will be made to how we use the grant without prior agreement
* The grant will not be increased in the event of any overspend
* If we do not spend the entire grant on this project, the under spent amount will be returned promptly
* Any insurances, safeguarding and necessary licences required for our project are our responsibility.
* Under conditions of grant, we will complete and return an End of Grant report within 6 weeks of commissioning new artwork or arts activity, including full details of expenditure
* We understand that failure to meet these conditions will mean that future applications from our group/organisation will not be considered
* We may be asked by Herefordshire’s a Great Place to write a short news article about our project. Support to do this will be available
* We may be asked to provide data on new audiences during the course of our project
* If we are successful in receiving a grant under this scheme, we cannot apply again until 18 months after the date of that application

**Declaration:**

**I confirm that I am authorised to sign this application and that, to the best of my knowledge, all replies are true and accurate.**

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| *Name (please print):* *Position in group:**Signed:* |

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| Please tell us where you heard about My Place funding: |  |

Please return this form and any supporting documents by email to:

**greatplace@ruralmedia.co.uk**

Or post to:

**My Place grant administrator**

**Herefordshire’s a Great Place**

**Rural Media**

**Packers House**

**25 West Street**

**Hereford**

**HR4 0BX**

All and any enquires about the My Place grant should go to Herefordshire’s a Great Place team at: greatplace@ruralmedia.co.uk or 01432 344039. We welcome all feedback and comments on the grant scheme.

For braille transcription, large print, or audio transcription of this application form, please contact the team on the details above.

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