

# ELMLEY SMALL GRANTS ARTS FUND

## Arts Equipment Grant Application

Reference Number (for office use only) .....

**PLEASE BE SURE TO READ THE ARTS EQUIPMENT GRANT GUIDELINES BEFORE YOU START FILLING IN THIS FORM**

WHO ARE YOU?

Organisation .....

Contact Name .....

Address .....

.....

.....

Post Code .....

Email .....

Telephone .....

WHAT DO YOU WANT TO BUY?

Please describe what you are planning to buy.

WHY DO YOU WANT TO BUY IT?

WHO WILL USE THE PURCHASE  
AND HOW OFTEN WILL IT BE  
USED?

Please list the groups you expect  
to use it.

HOW WILL YOU ENCOURAGE  
MAXIMUM USAGE?

WHO WILL BENEFIT?

WHERE WILL THE PURCHASE  
BE STORED?

Please tell us your plans for  
security and insurance.

HOW WILL THIS PURCHASE  
ENCOURAGE NEW  
PARTICIPANTS IN THE ARTS OR  
INCREASE THE LEVEL AND  
QUALITY OF ARTS WORK IN  
THE AREA?

**HOW MUCH WILL IT COST?**  
Please give us a budget for the purchases in the space opposite.

£

Item .....  
Item.....  
Item.....

**Total cost** .....

**HOW WILL YOU RAISE THE REST OF THE MONEY?**  
Please tell us how you intend to cover the costs of the project. This fund is designed for small projects. Please use the headings opposite for guidance, adding extra headings if you need to.

£

Local Authority \* .....  
Other funding\* .....  
Sponsors .....  
Fundraising .....  
Contribution from reserves .....  
Other (please list).....  
.....  
.....

Requested from  
Elmley Small Grants Arts Fund .....

**The figure for total income must equal the figure for total cost.**

**Total income** .....

*\*Please say which funding sources you are applying to and when a decision will be made.*

.....  
.....

**TELL US HOW YOU KNOW THIS IS A GOOD PRICE.**  
It is understood that you may have chosen the best rather than the cheapest option.

N.B. If your item costs more than £1,000 we may request that you get three quotations.

**ABOUT YOUR ORGANISATION**

Please tell us about your group. You do not need a constitution, but must be able to satisfy us of your ability to maintain proper financial and administrative control.

When was your group established? .....

Is it a registered charity? YES/NO If yes, give number .....

Does the group have a constitution? YES/NO

If not, how is your group run? .....

.....  
.....

**BANK ACCOUNT**

Please give details of your group's bank account.

Account name .....  
Account no: ..... Bank sort code: .....

When should the grant be paid?

.....

**INDEPENDENT REFEREE**

Please give us the name of an independent referee. He or she must not be a member of your group nor related to a member of your group. However, your referee needs to be someone who knows your group and can talk about your work in a professional capacity.

Name .....

Occupation/status .....

Organisation .....

Address .....

.....

Email .....

Telephone .....

**We understand and agree that:**

If given a grant, it will be used exclusively for the purposes set out in the application. 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 underspent amount will be returned promptly.

We will complete and return an evaluation report within 6 weeks of the purchase of the equipment (including full details of income and expenditure).

Failure to meet the above conditions will mean that future applications from our organisation will not be considered.

**CONDITIONS OF GRANT**

Please read and sign the conditions opposite.

**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.

Signed .....

Position in organisation .....

Name (please print) .....

Please ensure a copy of your most recent annual accounts, signed by two members of your group, is submitted with your application.

**RETURNING THIS FORM:**

**Please send the reference request form to your chosen referee and ensure it is returned to the address below by the due date.**

**When you have completed this application form, return it by the date indicated to:**

**Elmley Small Grants Arts Fund Administrator  
Community First  
Malvern View  
Willow End Park  
Blackmore Park Road  
Malvern  
Worcestershire WR13 6NN**