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**Creative Grant Application Form**

Please read carefully and answer all questions in full. All information is confidential to the panel.

We will notify applicants of the outcome as soon as possible after we have made a decision.

Applicant

**Name**

**Work Address**

**Postcode**

**Tel**

**Emai**l

**I have read the terms and conditions and confirm that by applying I will adhere to them.**

**Date**

**Work Address**

**Postcode**

**Tel Mobile**

**Emai**l

**Date**

**I have read the terms and conditions and confirm that by applying I will adhere to them.**

**This includes agreeing to return an evaluation of the project within a month of its completion.**

Endorser (Applicant’s manager)

**Name**

**Work Address**

**Postcode**

**Tel Mobile**

**Emai**l

**Date**

*If you are successful, the grant will be transferred into your LYPFT budget:*

**Please state your LYPFT Budget Code** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**I have read the terms and conditions and confirm that by applying I will adhere to them.**

What is the grant required for?

Applicant: please describe how the application will meet the criteria set out in the guidance

**How will your project benefit people who use LYPFT services?**

**Describe the creative project that people who use LYPFT services will participate in?**

Need some inspiration? Look at our creative pathways guide [www.artsandmindsnetwork.org.uk/training-development/](http://www.artsandmindsnetwork.org.uk/training-development/)

**How are people who use LYPFT services involved in the development of this project?**

**Which artists or arts organisations do you anticipate working with?** We can help with suggestions.

**How do you hope to sustain this work after the project has finished?**

Budget.

*(Please note: the maximum grant is £1000 and your department must contribute an additional £100 to this)* Please give full details of what the grant is required for, including quotations where relevant, itemised costings and supporting information (e.g. brochures, leaflets) where applicable.

Please attach any additional information in support of this application on a separate sheet.

**If the amount of grant is less than the total cost of the project, where will the rest of the money come from?** (eg. charitable funds).

|  |  |  |
| --- | --- | --- |
| Item | Supplier | Cost |
| Eg. artist’s fees5 X sessions @ £100/ session | Freelance artist Jo Bloggswww.jobloggs.art.uk | 500.00 |
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| TOTAL (max grant £1000) Please add on the min. £100 your department is contributing  |

**Start date of project**

**End date of project**

Please email the completed application to info@artsandmindsnetwork.org.uk

Or post to: Arts and Minds @ Inkwell, 31 Potternewton Lane, Leeds, LS7 3LW

If you have any questions, please email us on info@artsandmindsnetwork.org.uk

or ring us on 0113 262 3128 (Mon – Thurs)

**THE DEADLINE IS 5 pm on March 28.**