*Please read the questions carefully and complete Sections 1 to 5. We will notify applicants as soon as possible after a decision has been made. All answers must fit within the set table sizes and word count. Please do not write more than will fit in the text boxes or increase the size of the text boxes.*

1. Applicant Details:

|  |  |
| --- | --- |
| Applicant Name: |  |
| Work Address: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| \*LYPFT Service: |  |

*\*You must be a LYPFT service to be eligible for the grant.*

2. Endorser (Applicant’s Manager) Details:

*Please ask your manager to complete this section to endorse your application. Your manager must be aware of this application and complete this section to be eligible for the grant.*

|  |  |
| --- | --- |
| Manager Name: |  |
| Work Address: |  |
| Phone: |  |
| Mobile: |  |
| Email: |  |
| \*LYPFT Budget Code: |  |

*\*If your application is successful, the grant will be transferred directly into your LYPFT budget*. *Payments are made in two stages with half the money paid at the start of the project and half paid at the end of the project when evaluation and monitoring data has been returned.*

3. What is the Grant for?

*Please describe how your application will meet the criteria set out in the guidance.*

|  |
| --- |
| How will your project benefit people who use LYPFT services? |
| Maximum 200 words… |

|  |
| --- |
| Describe the creative project that people who use LYPFT services will participate in? |
| Maximum 200 words… |

|  |
| --- |
| How are people who use LYPFT services involved in the development of this project? |
| Maximum 200 words… |

|  |
| --- |
| Which artist(s) or arts organisation(s) do you anticipate working with? |
| Maximum 100 words… |

|  |  |
| --- | --- |
| Project Start Date: *(no earlier than 01/08/24)* |  |
| Project End Date: *(no later than 31/01/25)* |  |
| Number of Sessions: |  |
| Length of Each Session: *(Hours per session)* |  |

4. Budget for this Creative Project

*Please give details of what the grant is required for including itemised costings.*

|  |  |  |
| --- | --- | --- |
| Item: | Supplier: | Cost: |
| *e.g. Artist Fees 5 x sessions @ £100 / session* | *e.g. Freelance Artist - Joe Bloggs www.jobloggs.art.uk* | *e.g. £500* |
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|  |  |  |
| \*Total: | |  |

*\*The maximum grant you can apply for is £1000. Your service needs to contribute an additional £100 (or more if you can) on top of the grant amount. Please include the minimum £100 your department is contributing in your costings above. For example – if you are applying for the full £1000 grant, and your department is contributing £100 to the project, then your project costs will need to add up to £1100 in total.*

5. Declaration

**Terms and Conditions of Grant**

**By applying for this grant you are agreeing to the following:**

1. The grant will only be used for the purpose described in the above application.

2. Arts & Minds will be acknowledged in any publicity relating to the your project.

3. Any unspent balance on the grant shall be refunded to Arts & Minds.

4. The grant must be used within six months (no later than 31/01/25).

5. Evaluation of your project must be completed and returned to Arts & Minds within one month of the project finishing (no later than 28/02/25).

**I have read the terms and conditions above and confirm that by applying for a grant I agree to adhere to them (please type your name).**

|  |  |
| --- | --- |
| \*Digital Signiture: |  |
| Date: |  |

**\**Typing your name above and submitting this application constitutes your electronic signature, which is the legal equivalent of your manual signature.***

Please email your completed Grant Application to [info@artsandmindsnetwork.org.uk](mailto:info@artsandmindsnetwork.org.uk)

**THE DEADLINE IS 30th JUNE 2024**