

Office use only:

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| Museums, Arts, Archives and Libraries Division (MAALD)Fusion Challenge Grants 2020-21 Application Form |

*Please read the ‘Information for Applicants’ document carefully before completing this form. The closing date for applications to this programme is* ***12:00 14 February 2020***

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| **1. Applicant Information** | |
| **1.1** | **Name of service/organisation (where project is located or lead partner):** |
| **1.2** | **Address of service/organisation where project is located or lead partner:**  Tel. No: Email: |
| **1.3** | **Person responsible for the Project:**  Address (if different from above):  Tel No: Email: |
| **1.4** | **Secondary contact (if main contact is unavailable):**  Address (if different from above):  Tel No: Email: |

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| **2. Declaration** | | |
| **2.1** | **Applicant’s declaration (Senior officer / Head of Service)**  On behalf of the lead body, I confirm that the work described has not started and to the best of my knowledge the application information is correct.  Name: Position:  Address (if different from above):  Tel No: Email:  Signature: Date: | |
| **2.2** | Has your organisation previously received a grant from a Fusion grant programme – Pioneer Area programme / Challenge Grant scheme? | |
|  | | Yes/No |
|  | If yes, please inform us of the name of the programme, which years you were in it and your reference number. | |
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| **3. Project summary** | |
| How will your proposal increase cultural access for individuals and communities experiencing economic disadvantage?   **3.2** Tell us how you will target services at those most in need, and how you have determined and consulted with priority audiences  **3.3** Tell us how you will manage your programme, with reference to how you will   * + - co-ordinate priorities and programmes of activity     - convene and drive forward local networks     - liaise with local partners and other organisations     - identify training and other needs     - implement consistent monitoring and evaluation procedures     - secure external funding     - promote Fusion and your success   **3.4** Tell us when the main milestones of your programme will be | |
| Does the programme include funding for a subsidised post (coordinator)? *Please give details* | Yes / No |
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**4. ACTIVITY PLAN**

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| What are we measuring? | How will people will benefit from the Project?  *Insert number of target participants, activity time and outputs for each indicator* | | | What will be delivered?  *List the key activities you intend to carry out* | Who will be the key partners? | How do we know this will work?  *Summarise the evidence base and rationale for why this activity is proposed* | How will we measure success?  *What tools and approaches will be used to monitor and evaluate activity?* |
| April-Sep 2020 | Oct-Mar  2021 | 2020-21 |
| F1 Supporting the Early Years and Family Learning |  |  |  |  |  |  |  |
| F2 Gaining a qualification  Where activities may lead to employment please state |  |  |  |  |  |  |  |
| F3 Regular volunteering as a route to work  Where activities may lead to employment please state |  |  |  |  |  |  |  |
| F4 Completing a work experience placement  Where activities may lead to employment please state |  |  |  |  |  |  |  |
| F5 Improved digital skills |  |  |  |  |  |  |  |
| F6 Improved attitude to learning |  |  |  |  |  |  |  |
| F7 Better able to manage their mental well being and physical health |  |  |  |  |  |  |  |
| F8 Improved community cohesion |  |  |  |  |  |  |  |

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| **5. Programme Costs** | | | |
| Applications without estimates, or which are otherwise incomplete, will be rejected.  Please provide a detailed breakdown of costs. Where the project involves employment indicate the salary scale and the actual salary. Please itemise all ‘on-cost’ factors (i.e. NI, Superannuation, redundancy etc). All costs should be exclusive of VAT unless you are unable to reclaim this element. Include copies of written estimates from suppliers for all costs with the application form.  **2020-21 Costs** | | | |
| Item and quantity | Supplier details | Cost | |
|  |  |  | |
| **Total 2020-21 costs** | | **£** | |
| Please indicate which of the following statements applies (tick as appropriate): | | | |
| My service **can** reclaim VAT, and the Total Project Cost is therefore **exclusive**of VAT | | |  |
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| **6. Financial Information** | | | |
| **6.1** | **Grant sought from MAALD in 2020-21**  Total grant sought from MAALD including subsequent years (if applicable) | £  £ | |
| **6.2** | **Total contribution from parent/governing body** | £ | |
| **6.3** | **Total financial contribution from other bodies and relevant details** | £ | |
| **6.4** | **Total overall programme cost** | £ | |
| **6.5** | **Is the total match funding from the parent/governing body assured?**  If it is not, please give details: | | Yes / No |
| **6.6** | **If applicable, is the total financial contribution from other bodies assured?** If it is not, please give details: | | Yes / No |
| **6.7** | If there is no organisational match funding / financial contribution from other sources, please explain why: | |  |
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**Please confirm you have enclosed or completed the following:**

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| Supporting documentation |  |
| Supplier information |  |
| Written estimates from ALL suppliers |  |
| Authorised signature |  |

**Applications should be sent to:**

MAALD, Welsh Government,

Rhodfa Padarn, Aberystwyth, Ceredigion, SY23 3UR and [cyfuno-fusion@gov.wales](mailto:cyfuno-fusion@gov.wales)