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| **Ulrike MICHAL FOUNDATION FOR THE ARTS**  | Core Grant Application2024-25 |

*Please refer to the guidance before completing this application.*

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| **Section 1: Contact Information** |
| Name of organisation/ Individual |  |
| Address |  |
| Postcode |  |
| Email |  |
| Telephone |  |
| Art related Website/ Facebook |  |

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| **Section 2: Threshold Criteria** (tick relevant answers**)** |
| Type of art relevantto your project (2.1) |  Fine Art Decorative Art  |
| What type of activity are you planning? (2.2) | Residency Workshop(s) Exhibition Conservation Research Community Art Artistic skills & development  Art for the public realm Other *(define)* .......................................................  |
| Project location(s): (2.3) | Merseyside North Wales Cheshire Shropshire Herefordshire |
| Project partner(s) or venue(s) *(if applicable)*(2.4) | Art Gallery Museum SchoolCommunity/public/charitable organization  Other (define) ......................................................... |
| Who will benefit from theproject and how? (2.5) |  |
| Grant size requested (2.6) |  Up to £3,000 £3,001 - £5,000Exact amount requested: ...............................Part payment required to start project:............................ |
| Match funding received e.g. financial or in-kind support (2.7) |  |
| **Section 3: Your Project** |
| Project title (3.1) |  |
| Project Introduction: (50 words) (3.2) |  |
| Project Explanation and Justificatione.g. Artistic content; relevance to the aims ofthe foundation, number of activities etc. (200 words)(3.3) |  |

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| **Section 4: Planning & Logistics** |
| Project start and end date(4.1) |  |
| List the venue(s) and/or partners involved.(please include address & postcode) (4.2) |  |

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| **Section 5: Budget** |
| Breakdown of project costs  |

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| Item (as applicable): | Cost without VAT | VAT charge |
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| Total requested: |
| **Section 6: Enclosures** |
| Return this application and signed declaration alongside: Contact details for References; Letters of support for the project; Evidence of costs; Examples of your art work/Portfolio; Curriculum Vitae and Insurance documentation. (6.1- 6.6)Check eligibility criteria for further documentation  |
| Submit to:Email: info@umffta.org orPost:UMFFTA Grant Scheme, c/o 45 Wynnstay Crescent, Rhostyllen, Wrexham, LL14 4BL |

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| **Section 7: Declaration** |
| I acknowledge that I have read and understood the guidance documentation associated with this application and the information I have provided is true and accurate.I authorize the foundation to keep my contact details on its database for **2** years (if unsuccessful) and 6 years (if successful). I understand that this information will not be shared with any other organization unless required by the law or the Charity Commission.Name (printed):  Signature: Date: |