ULRIKE MICHAL FOUNDATION FOR THE ARTS

Please refer to the guidance before completing this application.

Section 1: Contact Info	ormation
Name of organisation/	
Individual	
Address	
Postcode	
Email	
Telephone	
Art related Website/ Facebook	

Section 2: Threshold	Criteria (tick relevant answers)
Type of art relevant	Fine Art Decorative Art
to your project (2.1)	
What type of activity are	Residency Workshop(s) Exhibition
you planning? (2.2)	Conservation Research Community Art
	Artistic skills & development
	Art for the public realm
	Other (<i>define</i>)
Project location(s): (2.3)	Merseyside North Wales Cheshire
	Shropshire Herefordshire
Project partner(s) or	Art Gallery Museum School
venue(s) <i>(if applicable)</i>	Community/public/charitable organization
(2.4)	Other (define)
Who will benefit from the	
project and how? (2.5)	
Grant size requested (2.6	
• •	Up to £3,000 🔲 £3,001 - £5,000
	Exact amount requested:
	Part payment required to start project:
Match funding received	
Match funding received e.g. financial or in-kind	
support (2.7)	

Ulrike Michal Foundation for the Arts Registered Charity No. 1188685

Section 3: Your Projec	t
Project title (3.1)	
Project Introduction: (50 words) (3.2)	
Project Explanation and Justification e.g. Artistic content; relevance to the aims of the foundation, number of activities etc. (200 words) (3.3)	

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)	

Breakdown of project costs		
Item (as applicable):	Cost without VAT	VAT charge

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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: <u>info@umffta.org</u> or Post: UMFFTA Grant Scheme, c/o 45 Wynnstay Crescent, Rhostyllen, Wrexham, LL14 4BL

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: