



Delivering Change Microgrants

APPLICATION FORM

Testing for delivering change

1. Accredited or non Accredited

*** 1. Are you applying on behalf of an Accredited museum or a non-Accredited museum**

- An Accredited Museum**
- A non-Accredited Museum**

2. Accredited Applicant



3. Non Accredited Applicant

*** What is the full legal name of the organisation that manages the museum?**

What is the address of the organisation that manages the museum?

*** Line 1**

Line 2

Line 3

*** City/Town**

*** Postcode**

Which museums will benefit from this project?

4. Contacts

1. Primary Contact

For audit purposes, there must be at least two named contacts at your organisation for any application, each with their own account on MGS Online. Please ensure that a primary contact and a signature authority are identified here. Bear in mind that if your application is successful, you will also need a third contact to take on the role of 'financial authority' for the grant. We must be able to contact the primary contact during office hours, so make sure that the phone number you give is one that is being answered during the day. If we cannot contact you, we may not be able to progress with the assessment of your application.

* First Name

* Last Name

* Job Title

* Email Address

* Telephone

2. Signature Authority

The signature authority is the person in the organisation who has authority to plan for and prioritise applications. Bear in mind that if your application is successful, you will also need a third contact to take on the role of 'financial authority' for the grant. In order to sign this application later in the process, the signatory authority named here will be asked to log in to the system on their own account. The same person cannot act as both Primary Contact and Signature Authority by using different log-in details.

* First Name

* Last Name

*** Job Title**

*** Email Address**

*** Telephone**

5. Proposal

This is your opportunity to demonstrate that you have planned your project appropriately and that it will be feasible to deliver in the time and with the resource available.

*** What is the name of your project?**

Titles should be brief, descriptive of the project and suitable to be carried forward as the permanent project name.

When will your project take place?

Projects can last up to 6 months and must start within 3 months of award date. Project activity cannot start before the award date.

*** Start Date**

*** End Date**

*** Describe your project**

Tell us what you are planning to do, who will deliver your project, and how it will be delivered.

*** What will your project achieve?**

Tell us why you want to deliver this project, what the impact of the project will be and who this project will benefit.

*** Project Plan**

Please complete the project plan below for all tasks required to deliver the activity.

Title	Start Date	End Date	Assigned to

6. Budget

This is your opportunity to demonstrate that you have planned your project appropriately and that it will be feasible to deliver in the time and with the resource available.

* Can your organisation reclaim VAT?

We need to know this as we are unable to cover VAT costs that your organisation can reclaim.

- Yes
 No
 Sometimes

If you have answered Sometimes, please explain your VAT recovery position here.

* Tell us how much it will cost to deliver your project

We want to know the full costs of your project, so include all costs relating to the project, including those which will be covered by funding from other sources.

- If you can reclaim VAT do not include VAT costs in your budget
- If you cannot reclaim VAT, list net costs and VAT separately in your budget
- Do not include in-kind contributions in this table

Item	Supplier	Cost (ex VAT)	VAT if irrecoverable	Notes
		£ 0.00	£ 0.00	

* Amount you are requesting from MGS

£

*** Your organisation's financial contribution**

If you are requesting a grant covering 100% of your project costs, please enter zero here. Please note that we do not operate full cost recovery on projects so you should only list additional funds that your organisation will contribute to the project here.

£	
---	--

*** Are you getting any cash contributions to support your project?**

We do not require a project to have match funding, but we welcome additional sources of funding.

Please include any income that you have secured or hope to secure to support this project. Include the date this support has been confirmed or when you are expecting a decision to be made.

Funding source	Amount	Date Confirmed
	£ 0.00	

Can you confirm that you have submitted your Fair Work Employer Declaration and received confirmation of your eligibility to apply from Museums Galleries Scotland?

Whether your application includes a staff post or not, you are required to confirm that you understand and comply with the Scottish Government's Fair Work First policy (<https://www.gov.scot/publications/fair-work-first-guidance-3/>) as they relate to payment of the Real Living Wage and Channels for Effective voice. You must complete the Employer Declaration located in the Supporting Documents section of the Fund Information page on the website and return this to grants@museumsgalleriesscotland.org.uk (<mailto:grants@museumsgalleriesscotland.org.uk>) before submitting this application.

- Yes
- No

7. Declaration

I declare that the information provided within the application for the project listed above is correct to the best of my knowledge and I agree to advise Museums Galleries Scotland immediately of any variation to the details provided or if the project cannot proceed.

Enter your full name

Enter today's date