**Hull 2017 & Wellcome development grants – Application Form**

**Eligibility Criteria**

Please complete the following questionnaire to check your eligibility forthe Hull 2017 & Wellcome development programme.

If you answer yes to all of the sections in Part A, please continue to complete Part B.

**All applications must be submitted to** **wellcome@hull2017.co.uk** **by 10am on Monday 10 April 2017. Applications submitted after this date will not be considered.**

**Part A**

|  |  |  |
| --- | --- | --- |
| HEALTH, COMMUNITIES & ART  | YES | NO |
| Will your idea develop an artistic project which explores health and wellbeing? |  |  |
| PROJECT COLLABORATORS   | YES | NO |
| Do you plan to work with collaborators from all of the following? a) health: clinical or research b) arts c) community group  |  |  |
| ADDITIONALITY | YES | NO |
| Will the grant enable you to work on developing a new idea/project?  |  |  |
| ACCESSIBILITY | YES | NO |
| Are you happy to share the findings of your project?  |  |  |
| ENGAGEMENT | YES | NO |
| Will your project engage with the people of Hull? |  |  |
| LOCATION OF ACTIVITY | YES | NO |
| Will all or part of the project take place in Hull? |  |  |
| TIMING OF YOUR ACTIVITY | YES | NO |
| Will all of your development phase take part during the funding period (April – October 2017)?  |  |  |

**Part B**

**Proposal Overview**

|  |  |
| --- | --- |
| **Name of Individual / Organisation** |  |
| **Name of Proposal** |  |
| **Proposal Summary**(50 Words) |  |

**About your team**

**Applicant 1: Lead Organisation**

|  |  |
| --- | --- |
| **Lead Contact Name** |  |
| **Organisation**  |  |
| **Type of organisation** | Health: clinical or research/Arts/Community |
| **Charity number (if applicable)** |  |
| **Company number (if applicable)**  |  |
| **Address** |  |
| **Town / City** |  |
| **Post Code** |  |
| **Email Address** |  |
| **Landline Phone** |  |
| **Mobile Phone** |  |
| **Website** |  |

**Who are you working with**

|  |  |
| --- | --- |
| **Please outline all of the other organisations / individuals you are planning to work with to develop your project.***Please include a brief biography for the main organisations / members of your team including the lead artist(s).* *Please include addresses / links to websites.* |  |
| **All proposals must work with a community organisation operating in Hull.***Please give a brief description of the audiences/communities this group currently engages with.* *(You might refer to communities of interest, geographic location, age groups, level of education, perceived socio economic status)* |  |
| **Please describe briefly the ways in which you currently reach these audiences you engage with.** |  |

**Proposal**

|  |  |
| --- | --- |
| **Proposal Description***Please describe your idea, including what issues or research you plan to explore, how you will work with communities, health partners and artists, any ideas you currently have for the artistic approach.**(300 words maximum)*  |  |
| **Please describe briefly the activities which you plan to carry out during the development phase** (e.g. meetings, workshops, research etc.)*It may be useful to set these out like a project timeline.* |  |
| **Why is your proposal needed? What issues and opportunities is your project addressing?**  |  |
| **Are there particular audiences you hope your final project might speak to or reach?**  |  |

**Cost**

|  |  |
| --- | --- |
| **How much does the proposal cost?** |  |
| **How much funding are you requesting from the development fund?** ***If you are applying for less than 100% funding, please explain any other sources of funding and whether they are confirmed.***  |  |

**Budget**

|  |  |
| --- | --- |
| **Budget heading including description**  | Expenditure  |
| *Please add more lines if required*  | £ |
|  | £ |
|  | £ |
|  | £ |
| **Total**  | £ |

**Further questions**

|  |  |
| --- | --- |
| **Does your project involve work with children, young people under the age of 18 or vulnerable adults?**  | Y/N |
| **Does your proposal start after 1st May 2017?** | Y/N |
| **Will your proposal be complete by 31st August 2017?**  | Y/N |
| **Are you available to attend a workshop in September and November 2017?**  | Y/N |

**Evidence**

* If you wish to, please upload up to five files (.jpg/.jpeg/.pdf) that support the activity for which you are seeking support. Unless uploading a single PDF, .jpg/.jpegs should contain single images of visuals or photos.
* If you wish to, please upload up to five files (.jpg/.jpeg/.pdf) of previous work. Alternatively, you may provide up to two links to videos or websites.

**Support**

If you have any questions regarding a potential application please contact wellcome@hull2017.co.uk

**Applications**

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