**Fellowship Square Arts and Culture Grants – Application Form**

**Primary Contact Details**

Full name:

Email:

Telephone number:

Postcode:

If you are applying on behalf of an organisation, what is your role?

**Organisation details**

Organisation name:

Address:

Postcode:

Website:

If applicable, what is your registered charity number?

Have you, or any member of the management committee, been employed by the council within the past 5 years? If yes, please give names, dates and capacity

**Application Questions**

**Tell us what you want to do. What is your idea? (Max 250 words)**

**Discuss your recent experience in delivering similar projects. (Max 250 words)**

**How will your project respond to our funding aims? (Max 250 words)**

**Tell us about you or your organisation’s links to Waltham Forest. (Max 250 words)**

**How much will your activity cost and how will you spend the money? (Max 250 words)**

**What impact do you hope your project will have locally? (Max 250 words)**

**Additional Info**

Please include any relevant web links here. These can be artist/organisation websites or relevant social media accounts or YouTube videos of previous work

You may also upload:

 Up to 2 artists CVs

Partnership agreement letters

Agreement of in-kind support

**Project Outputs**

How many people do you expect to engage in this project and how much activity will be delivered?

Participants:

Live audience:

Online audience:

Volunteers:

Artists:

Performances:

Exhibitions:

Workshops:

Which area of the Borough is your project taking place in?

**Budget**

Amount requested from Waltham Forest:

Total match-funding amount:

In-kind support:

Total project budget:

**Equal opportunities**

In order to monitor the effectiveness of our equal opportunities policy it is important to collect information which might identify possible direct and indirect barriers to successful applications. All information provided is confidential and is not part of any selection procedure.

Age:

Gender:

Ethnicity:

Do you consider yourself to have a disability or long-term health condition?

**Signed Undertaking**