

LEVEL OF FUNDING REQUESTED

1 Please select which level of funding you are applying for?

(Required)

Please select only one item

- ☐ £1,000 (Musician Event Stipend)
- ☐ £2,500 (Visual Arts Residency at St Margaret's House)
- ☐ £2,500 (Supported Residency Programme for Creative Parents Returning to Practice)
- ☐ £5,000 (Artist-Artist Collaboration)

LEAD ARTIST

1 Contact information

Lead Artist's First Name *(Required)*

Lead Artist's Surname *(Required)*

Lead Artist's Email *(Required)*

Lead Artist's Phone number *(Required)*

Lead Artist's Profile. Tell us more about your creative practice [max 500 characters] *(Required)*

Lead Artist's Website/Social Media Links *(Required)*

Lead Artist's Unique Taxpayer Reference (UTR). Please note that we are only able to arrange for payments to sole traders or self-employed creatives. *(Required)*

STIPEND/BURSARY APPLICATION

Audio/Video Submission

If you are submitting your response to the application questions via an audio or video file, please paste the file link to the answer box.

1 STIPEND/BURSARY PROPOSAL

Project Title *(Required)*

Project Dates *(Required)*

Activity Location(s) *(Required)*

Project description. Please refer to the Guidelines for support to complete this section and limit answers to 500 words.
(Required)

What difference will this funding make to your practice? (maximum of 250 words) *(Required)*

2 Policies and Procedures: If your project involves working with children or vulnerable adults at risk, you must have relevant policies and procedures in place to prevent abuse and respond to actual or suspected abuse, neglect or exploitation.

(Required)

Please select all that apply

- ☐ Child Protection policy / procedure
- ☐ Vulnerable Adult Protection policy / procedure
- ☐ Not applicable

STIPEND/BURSARY BUDGET

Please ensure that the project costs are equal to the amount of the grant you are applying for (either £1,000 Musician Stipend, oer £2,500 Bursary).

1 Stipend/Bursary project budget contribution requested from the Fund

Subtotals: Fees to Artists / Creatives (requested from this Fund) (£) *(Required)*

Subtotals: Direct delivery costs (e.g., space, equipment hire, access) (requested from this Fund) (£) *(Required)*

Subtotals: Marketing / Outreach costs incl. advertising and community / industry engagement (requested from this Fund) (£) *(Required)*

Subtotals: Admin / Overhead costs (requested from this Fund) (£) *(Required)*

Subtotals: Contingency (5% - 10% of the grant award) (requested from this Fund) (£) *(Required)*

2 Additional comments

Please add any comments regarding the proposed budget, incl. fee rates *(Required)*

STIPEND/BURSARY APPLICATION DECLARATION

1 You are being asked to declare that:

(Required)

Please select all that apply

- ☐ you have read and will comply with all Council funding conditions; and
- ☐ to the best of your knowledge the information contained in this application, and any accompanying documents, is accurate.

2 Signatory

Lead Artist (Full name) *(Required)*

Lead Artist's Email *(Required)*

LEAD ARTIST AND ASSOCIATE ARTIST'S CONTACT DETAILS

1 Contact information

Lead Artist's First Name

Lead Artist's Surname *(Required)*

Lead Artist's Email *(Required)*

Lead Artist's Phone number *(Required)*

Lead Artist's Profile. Tell us more about your creative practice (max 500 words) *(Required)*

Lead Artist's Website/Social Media Links *(Required)*

Lead Artist's Unique Taxpayer Reference (UTR). Please note that we are only able to arrange for payments to sole traders or self-employed creatives. *(Required)*

Associate Artist's First Name *(Required)*

Associate Artist's Surname *(Required)*

Associate Artist's Email *(Required)*

Associate Artist's Phone number *(Required)*

Associate Artist's Profile. Tell us more about your creative practice (max 500 words) *(Required)*

Associate Artist's Website / Social Media links *(Required)*

JOINT PROJECT APPLICATION

Audio/Video Submission

If you are submitting your response to the application questions via an audio or video file, please paste the file link to the answer box.

1 Project Title

Title *(Required)*

2 Project Dates

Start and Finishing Dates *(Required)*

3 Activity Location

List all locations and postcodes, where known *(Required)*

4 Project Roles

Please name all collaborators and describe project roles for each partner (maximum of 250 words) *(Required)*

5 Project Description

Please describe the project you are seeking funding for. Please refer to the Guidelines for support to complete this section and limit answers to 500 words. *(Required)*

6 Envisaged Learning or Impact

Tell us what outcomes (impact and/or learning) you envisage for your project activity in line with the Funding Priorities. Please consider direct/indirect beneficiaries, tangible and intangible outputs and next steps of the project delivery beyond this stage of the implementation period (maximum of 500 words). *(Required)*

7 Policies and Procedures: If your project involves working with children or vulnerable adults at risk, you must have relevant policies and procedures in place to prevent abuse and respond to actual or suspected abuse, neglect or exploitation.

(Required)

Please select all that apply

- ☐ Child Protection policy and procedure
- ☐ Vulnerable Adult Protection policy and procedure
- ☐ Not applicable

JOINT APPLICATION BUDGET

Please download the [Budget Form](#) <supporting_documents/2025-26-flexible-funding-diversity-and-inclusion-fund-joint-application-budgetxlsx> for completion and uploading. Failure to provide this information when completing your online application will result in it being rejected.

1 PROJECT BUDGET

Please attach a copy of any documents you wish to include to this printout.

Please upload the project budget spreadsheet here

Detailed Budget (Please use the template provided) *(Required)*

JOINT APPLICATION DECLARATION

All joint applications must be confirmed by two people submitting this application.

1 You are being asked to declare that:

(Required)

Please select all that apply

- ☐ (a) you have read and will comply with all Council funding conditions; and
- ☐ (b) to the best of your knowledge the information contained in this application, and any accompanying documents, is accurate.

2 Signatories:

Lead Artist (Full name): *(Required)*

Lead Artist's Email *(Required)*

Associate Artist (Full name): *(Required)*

Associate Artist's Email *(Required)*