For office use only

Date:

Number:

**Local Museums Small Capital Grant Programme Application Form**

**Please complete the Application Form with reference to the Local Museums Small Capital Grant Programme Guidelines. If you have any questions, please contact** [info@nimc.co.uk](mailto:info@nimc.co.uk)

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| The Northern Ireland Museums Council’s (NIMC) Local Museums Small **Capital Grant** Programme is funded through the Department for Communities and administered by NIMC. Please note, this programme is a Capital fund. You can apply for any equipment and/or minor works to help adapt your venue or working practice.  The programme is intended to provide maximum flexibility for eligible museums; however, we encourage applications which are aligned to the Programme for Government priorities of   * Early learning and special educational needs * Climate action and sustainability * Sustainability of public services- access and infrastructure   **It is advisable that you discuss your application with NIMC staff by emailing** [**info@nimc.co.uk**](mailto:info@nimc.co.uk)**, in advance of submission. A member of staff will then get back to you.**  **The responsibility lies with the applicant to clearly demonstrate how their application meets the criteria. See the Local Museums Small Capital Grant Programme guidelines for more information.** |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| **Museum name** | **Museum address and postcode** |
|  |  |
| **Contact name** | **Position** |
|  |  |
| **Contact email** | **Contact telephone number** |
|  |  |
| **Amount applied for (clearly state VAT)** | |
| **£** | |

**PROJECT NAME**

Please provide a short title for your project.

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# SECTION ONE: What is the grant for? How will you use this money?

The following questions will help the Award Panel to understand your need.

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| 1. **What is your project?** |
|  |
| 1. **What outcomes will this funding have for your museum? (Max 200 words)** Assessment Value: 20 |
|  |
| 1. **Please outline how your project meets the priorities of the Programme for Government areas listed (see Grant Guidelines and page 2; max 400 words)** Assessment Value: 40 |
|  |
| 1. **How will you deliver your project?** **Who will be responsible for delivering the project and managing the funding? (Max 200 words)** Assessment Value: 20 |
|  |
| 1. **What impact will this project have on your audiences and participants? (max 200 words)** Assessment Value: 20 |
|  |
| 1. **Please list the objectives against which you will measure the success of the funded activity? (max 200 words)** |
|  |
| 1. **What is the estimated timescale of the funded activity? Please provide approx. start and finish dates?** |
|  |

# SECTION TWO: Grant funding breakdown

**MAKE SURE THAT WHEN YOU ADD UP (1) the Grant Applied for and (4) the Match Funding that they equal (3) the overall costs of the project**

|  |  |  |
| --- | --- | --- |
| **Please outline your project funding summary** | | |
| 1. Detail below how much funding are you seeking (Max £10,000) | |  |
| **1.a How much funding are you seeking from the scheme?** | | **£** |
| **(1) TOTAL Grant Applied For** | | **£** |
| 1. **Is the museum VAT registered?**   Please note: VAT-registered museums should show all costs and claims exclusive of VAT. Those not registered for VAT should show all costs and claims inclusive of VAT. | | YES/NO  (Please delete as appropriate) |
| 1. **Project Costs**   Provide an indicative list of all the costs. It is it Capital Works please list each phase of the work. If it is equipment, please list each item separately. See Guidance Notes for examples of what each element can cover. Continue on a separate sheet if necessary. | |  |
| **3.a Capital Costs** | | **£** |
|  | |  |
|  | |  |
|  | |  |
| **(3.a) TOTAL CAPITAL Costs** | | **£** |
| **(3) TOTAL OVERALL Costs** | | **£** |
| 1. **Match Funding**   What cash or in-kind resources will you be contributing to this project? Indicate whether this includes/excludes VAT. Add your own headers if required. | | **£** |
| Partnership funding (other grant sources) | Y / N |  |
| Costed staff time | Y / N |  |
| Costed volunteer time | Y / N |  |
| Contribution from core budgets | Y / N |  |
| **(4) TOTAL Match funding** | | **£** |

Does your museum have an up-to-date Safeguarding Policy that has been approved by the governing body. Y / N

# SECTION THREE: Agreement

All successful applicants will receive a formal Grant Letter of Offer and must agree to the following terms:

* Use the award for the approved purchases only
* Inform us immediately if you are unable to spend all or part of the fund
* All information supplied in the application form, and in any accompanying documents, is true and accurate
* Information provided in the application form, and any accompanying documents, may be made available to other departments/agencies for the purposes of preventing or detecting fraud
* Complete the NI Museums Council’s **Project Completion** Form and submit with project invoices before 13th March 2026.
* To submit a **Post Project Evaluation** within 3 months of completion of the project. (A template is available from NIMC on request).
* **To acknowledge NIMC** on all print and online marketing materials using the wording and logo we will provide.
* To **complete all capital expenditure** by 10 March 2026.
* To **forward a copy of all receipts, statements and invoices** if requested to do so to NI Museums Council by 13 March 2026.

**Please note**

The deliberate submission of falsified information will lead to the NI Museums Council withdrawing the application, or if a grant had already been awarded, to ask for repayment of any funds already paid. Such a situation will also have implications for any future applications the organisation may submit.

**Accreditation Mentor’s Endorsement**

To be completed only by museums with an Accreditation Mentor, as required under the Museum Accreditation Scheme.

**I endorse this project as appropriate to, and achievable by the applicant museum**

|  |  |
| --- | --- |
| Signature of Accreditation Mentor | |
|  | |
| Print Name | Date |
|  |  |

**Declaration**

This must be completed by the CEO, Chair, Director, Manager of the museum, or Head of Museum Service.

Please sign and date to confirm:

* You have read and accept the terms of the agreement
* All information provided in the application is true and correct to the best of your knowledge

|  |  |
| --- | --- |
| Signature | Date |
|  |  |
| Print Name | Position |
|  |  |

# Completed Applications

We will only accept applications submitted using our grant application form. Typed signatures will not be accepted.

Please send your completed application forms by email to [info@nimc.co.uk](mailto:info@nmni.co.uk)

# Deadline

Applications should be submitted by **12.00pm Friday 15 August 2025**

**Late applications will not be considered.**

The maximum amount that you can apply for is £10,000.

# Sending applications by email

* Ensure that your subject line does not contain any full stops or commas
* Ensure that attachment do not contain any full stops or commas within their name for example in a date (file extensions are acceptable for example .docx)
* We can accept Word, Excel and PDF files

# Acknowledgment

We will acknowledge receipt of your application within three working days. If you have not heard from us after this time, please contact us immediately.