

**Culture Grant Scheme Application Form**

 **Medium Grant**

Please complete this form and send it to:

culturegrants@adferiad.org

or

Adferiad Recovery, Unit B3, Lakeside Technology Park, Phoenix Way, Llansamlet, SA7 9FE

You are welcome to submit a video from your organisation to tell us about you and the project (Section 2), in support of the application.  You will still need to complete sections 1, 3, 4, 5 and 6 of this form.  If you wish to do this, please upload the video on the online Microsoft Form and not by email. Videos up to 1GB can be uploaded.  Please contact us in advance if you need support to use this method.

For more information about the criteria and the application process download the information sheet or request a copy by emailing culturegrants@adferiad.org

The closing date for the first round of applications is **5pm** on **Monday 15th September 2025.**

If you would like support in completing the application, or you would like this information in a different language or format please contact culturegrants@adferiad.org

**Application checklist**

Please refer to this list to ensure that you have completed all the sections in this form and that you have all the relevant documents ready to attach and send as part of your application

|  |  |
| --- | --- |
| **Material**  | **Tick Box** |
| Application completed  |[ ]
| Safeguarding Policy  |[ ]
| Health & Safety Policy |  |
| Company/charity registration number |[ ]
| Bank account details: Signed copies of your latest audited accounts  |[ ]
| References details  |[ ]

**Section 1: About our group or organisation**

|  |
| --- |
| Organisation Name: |
| Person completing this form: |
| Role within the organization: |
| Address: |
| Contact Number: | Email: |
| Social media |  |

If you are applying for a grant in association with an incorporated organisation, please tell us about that organisation here

|  |
| --- |
| Associated organisation name: |
| Address: |
| Charity / Company / CiC registration number: |
| Contact name and job title |
| Contact number: | Email: |
| Relationship to the applicant organisation: |

|  |  |
| --- | --- |
| What is the name of your group/project? |  |
| Where in Wales is your group based? |  |
| How often does your group meet? |  |
| How many people are involved in your group? |  |

The Culture Grant is open to community groups who are specifically led by or for:

1) People from Black, Asian, and minority ethnic communities in Wales. This includes people from Gypsy, Roma and Traveller communities.

2) People from the LGBTQ+ community, or the project should be for the benefit from the LGBTQ+ community in Wales.

3) People with disabilities in Wales.

|  |
| --- |
| Who is your group led by, and who is the group for? |
|  |

**Which best describes your group? Please add your registration numbers**

|  |  |
| --- | --- |
| An unregistered charity/organization |[ ]   |
| Community Interest Group  |[ ]   |
| Charity  |[ ]   |
| Not for profit organization  |[ ]   |
| Unincorporated organization/Constituted group |[ ]   |
| Other please describe |  |  |

\*please note that unregistered community groups cannot be considered for the medium sized grant unless they apply with a registered associated organisation. Unregistered community groups can apply for the small sized grant. Please refer to the website for more information and for the relevant form.

If your group is an unincorporated organization/constituted group that works in associating with a fully constituted organization, the grant and grant agreement must also be signed by constituted organisation.

**Section 2: About the project**

**Please tell us more about your group or organization** (max 500 words)

* Why did the group start?
* What do you do when you get together?
* Who leads and runs your group?
* How does your group help the individuals that come along?

|  |
| --- |
|  |

**Are you partnering with another group or organisation to deliver on this grant? If so, please tell us about the group here** (max 500 words)

|  |
| --- |
|  |

**Please tell us about the activity that the money will go towards and what are the aims of the project?** (max 300 words)

|  |
| --- |
|  |

**What difference will the grant make to your group?** (max 300 words)

|  |
| --- |
|  |

**Can you detail how many people will be taking part in / contributing to your project** e.g. Numbers of employed or freelance staff, project beneficiaries, volunteers, audiences etc.

|  |  |
| --- | --- |
| Employed or freelance staff  |   |
| Volunteers  |   |
| Project participants    |   |
| Other (please specify who these people would be)  |   |

**How will you measure success of the project (*Please list 3-5 key indicators of success and how you might measure those including how many people the project will reach)***(max 500 words)

|  |
| --- |
|  |

 **Section 3: Policy and Risk**

 **What are the main risks and challenges to your project meeting its aims and how will you manage these risks**. (up to three risks / challenges)

|  |  |
| --- | --- |
|  1.  |   |
| 2.  |   |
| 3.  |   |

**Does your project involve Children and / or Young People and / or Vulnerable Adults?**

|  |  |
| --- | --- |
|   **No**  | **​​☐​**  |
| **Yes**  | **​​☐​**  |

 If **yes** do you have a safeguarding policy in place?

|  |  |
| --- | --- |
|  **No**  | **​​☐​**  |
| **Yes**  | **​​☐​**  |
| **If No, please explain why here**  |   |

Please attach a copy of your Safeguarding Policy along with this application form.

Please attach any Risk Assessment or Health & Safety Policy you have along with this form.

**Section 4: Finances**

How much would you like to apply for?

Please note that for medium sized grants the maximum amount you can apply from £2,000.01 to £5000.00

|  |  |
| --- | --- |
| **Total Amount Requested:** | £ |
| **Revenue:** | £ |
| **Capital:** | £ |

Let us know how you would like to spend your money.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item**  | **Capital** | **Revenue** | **Cost**  | **Time**  |
| *What do you want to buy/spend money on*  | *Please tick if the item is a capital expense* | *Please tick if the item is a revenue expense* | *Provide as much details as you can about cost*  | *When do you think you will spend this money by (month and year)* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total  |  |  |  |

Can you confirm that your organisation has a bank account

|  |
| --- |
| **No** |[ ]
| **Yes**  |[ ]

**\*Please note, a bank account is required for medium sized grants applicants**

Can you provide your bank account details

|  |  |
| --- | --- |
| **Bank Name**  |  |
| **Bank Address**  |  |
| **Account name**  |  |
| **Sort Code**  |  |
| **Account Number**  |  |

Can you confirm that your organization has been operating for 12 months?

|  |
| --- |
| **No** |[ ]
| **Yes**  |[ ]

\*organisations that have been operating for less than 12 months are encouraged to sign up for a small grant.

**Section 5: References**

Can you please provide the details of two referees to support your application. Please ensure that you let your references know that we will contact them about their application. We will only contact the referees if you are awarded a grant.

|  |  |  |
| --- | --- | --- |
|  | Referee 1 | Referee 2 |
| Name  |  |  |
| Relationship to the group |  |  |
| Email  |  |  |
| Telephone number  |  |  |

**Section 6: Agreement**

1. I confirm that all information included in this application form is accurate and correct. I understand that any information found to be false will invalidate the application.
2. I agree to share this information with Diverse Cymru, Adferiad, Welsh Government and Panel Members for the purpose of deciding on my grant applications
3. I agree to be contacted by Diverse Cymru / Adferiad Staff about my application and to gain my feedback
4. I agree to be invited to attend community meet-ups with other groups in Wales. Attendance is optional.

|  |  |
| --- | --- |
| Agreement  | Please Tick  |
| I agree to the terms and conditions of the Culture Grant  |[ ]

|  |  |
| --- | --- |
| Name from applicant organisation |  |
| Sign \* |  | Date  |  |

|  |  |
| --- | --- |
| Name from associated organisation |  |
| Sign \* |  | Date  |  |

**\***You can use an electronic signature or type your name here. You do not have to print out and sign this form

**Section 7: GDPR**

The information you give us above will be shared with Diverse Cymru, Welsh Government and the grants panel. This information will be shared only for the purpose of making a decision and communicating about your grant and follow meet-ups and monitoring tasks. We will not use your contact details or any other information in this form to contact you for any other purpose. We will not store your information beyond any period required in relation to this grant. Read more about our commitment to your privacy here.