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| **ORGANISATION NAME** |  |
| **LEAD CONTACT NAME** |  |
| **EMAIL** |  |
| **PHONE NUMBER** |  |

|  |  |
| --- | --- |
| **NAME OF PROJECT** |  |
| **GRANT AMOUNT REQUESTED***Between £250 - £1,500* |  |
| **ACTIVITY TIME FRAME** |  |
| **VENUE(S) YOU WILL USE***Include full addresses* |  |

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| 1. **KEY PERFORMANCE INDICATORS FOR YOUR PROJECT**
 |
| **PROJECTED AUDIENCES** |  |
| **NUMBER OF SCREENINGS** |  |
| **OTHER KPIs SPECIFIC TO YOUR PROGRAMME AIMS***Eg. Number of archive films screened; % of audiences new to your venue; % of 16-30 audiences* |  |

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| 1. **ORGANISATION PROFILE**

*Give a brief description of your organisation’s main activity in relation to film exhibition and experience of running screening projects.* ***Max 300 words.*** |
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| 1. **YOUR IDEA**

*Provide a summary of your project, including:** *Film titles and format of activity*
* *Programming motivation/context*
* *How the activity meets the aims of Our North and our strategic objectives.*

***Max 500 words.*** |
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| 1. **BUDGET**

*Outline your budget showing how you will use the grant. Press tab to add more rows as necessary.*  |
|

|  |  |
| --- | --- |
| **Expenditure** | **Total**  |
|  | £ |
|  | £ |

 |

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| --- |
| 1. **BFI DIVERSITY STANDARDS**

*Summarise how your activity responds to the BFI Diversity Standards. Take the Standards in turn and make direct reference to each relevant criteria when explaining how your activity promotes inclusivity.* ***Max 500 words.*** |
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| 1. **LEGACY PLANNING**

*How will the planned activity support your longer-term ambitions for developing audiences beyond Film Hub North funding.* ***Max 300 words.*** |
|  |

Please note the information you supply will be held in computer files. It may be used to prepare statistics and summary data. We may also be obliged to share information under the Freedom of Information Act.

**APPLICANT CONFIRMATION**

*I confirm that all of the information provided on this form and in any material submitted in support of it is truthful and accurate. I agree that this information can be stored by Film Hub North and used for statistical and monitoring purposes.*

**E-SIGNATURE:**

**DATE:**

Please return completed forms to: roisin@filmhubnorth.org.uk

**EQUAL OPPORTUNITIES**

MONITORING FORM

Access and Equality are at the heart of our practice and are positively celebrated. We seek to ensure that no one receives less favourable treatment on grounds of their background and personal characteristics. In order to ensure that this policy is carried out, and for no other reason, applicants are invited to complete this form.

The information provided will be used solely for monitoring purposes and will be kept in the strictest confidence. Please highlight or mark the relevant boxes below.

1. **Which of the following describes how you think of yourself?**

[ ]  Male [ ]  Female [ ]  In another way:

[ ]  Prefer not to say

1. **How old are you?**

[ ]  0-15 [ ]  16-19 [ ]  20-24 [ ]  25-30

[ ]  31-34 [ ]  35-39 [ ]  40-49 [ ]  50-59

[ ]  60-69 [ ]  70+ [ ]  Prefer not to say

1. **What is your ethnic group? Choose one option that best describes your background.**

White

[ ]  English/Welsh/Scottish/Northern Irish/British [ ]  Irish

[ ]  Gypsy or Irish Traveller

[ ]  Any other white background, please describe:

Mixed/Multiple ethnice groups

[ ]  White and Black Caribbean [ ]  White and Black African

[ ]  White and Asian

[ ]  Any other multiple ethnic background, please describe:

Asian/Asian British

[ ]  Indian [ ]  Pakistani [ ]  Bangladeshi

[ ]  Chinese

[ ]  Any other Asian background, please describe:

Black/African/Caribbean/Black British

[ ]  African [ ]  Caribbean

[ ]  Any other Black background, please describe:

Other ethnic group

[ ]  Arab [ ]  Any other ethnic group, please describe:

[ ]  Prefer not to say

1. **What is your sexual orientation?**

[ ]  Bisexual [ ]  Gay/Lesbian

[ ]  Heterosexual/Straight [ ]  Prefer to self-describe:

[ ]  Prefer not to say

1. **Do you consider yourself to have a disability?**

*The Equality Act 2010 defines a disability as “a physical or mental impairment with long term substantial adverse effects on a person’s ability to perform day-to-day activities”*

[ ]  Yes [ ]  No [ ]  Prefer not to say

1. **What is your religion?**

[ ]  Buddhist [ ]  Christian [ ]  Hindu

[ ]  Jewish [ ]  Muslim [ ]  Sikh

[ ]  Other: [ ]  No religion [ ]  Prefer not to say

1. **Do you consider yourself to come from a disadvantaged background?**

[ ]  Yes [ ]  No [ ]  Prefer not to say