

WMCA International Fund - Future Growth Fund

Please Note – This is only a like of the questions included in the application Form.

You **MUST** submit via the online grants system.

If you require a word version of the app then please contact culture@wmca.org.uk

Key

Some of the questions in the below application are for only organisations, some for individuals and some for delegations.

At the end of each questions will be:

(Org) - Organisation

(Ind) – Individual

(Del) - Delegation

(All) - Everyone

This will indicate who is supposed to fill in each question.

Application Questions

1. Application name (All)
2. Are you applying as an individual, organisation, or delegation who meets our eligibility requirements, as detailed in our Applicant Guidance? (All)
 - Organisation
 - Individual
 - Delegation

Please confirm that you:

3. Have read the application guidance. (All)
4. Are a registered organisation who meets the eligibility requirements, as detailed in the Applicant Guidance. (All)
5. Your organisation has a UK bank account. (Org)
6. You are authorised to submit an application on behalf of your organisation. (Org)
7. You have a UK bank account. (Ind)
8. The name on the bank account matches the organisation name on your application. (Ind) (Org)
9. You have two unrelated signatories who are authorised to make payments and manage the organisation's bank account. (Org)
10. Every member of your delegation have a UK bank account? (Del)
11. The name of every member of your delegation's bank account matches their name on the application. (Del)
12. Your registered address is in the West Midlands Combined Authority constituent or non-constituent area. (Org)
13. All your delegation's registered addresses are within the Local Authority constituent or non-constituent areas. (Del)
14. Please tick which Local Authority area your postcode is in. (Ind) (Org)

Constituent Areas:

Birmingham City Council

Dudley Metropolitan Borough Council

Solihull Metropolitan Borough Council
Walsall Metropolitan Borough Council
Sandwell Metropolitan Borough Council
Coventry City Council
City of Wolverhampton Council

Non constituent areas:

Cannock Chase District Council
North Warwickshire Borough Council
Nuneaton & Bedworth Borough Council
Rugby Borough Council
Stratford-on-Avon District Council
Telford & Wrekin Council
Redditch Borough Council
Shropshire Council
Tamworth Borough Council
Warwickshire County Council

15. Please tick which Local Authority areas all your members of your delegation are located in. (Del)

Birmingham City Council

Dudley Metropolitan Borough Council

Solihull Metropolitan Borough Council

Walsall Metropolitan Borough Council

Sandwell Metropolitan Borough Council

Coventry City Council

City of Wolverhampton Council

Cannock Chase District Council

North Warwickshire Borough Council

Nuneaton & Bedworth Borough Council

Rugby Borough Council

Stratford-on-Avon District Council

Telford & Wrekin Council

Redditch Borough Council

Shropshire Council

Tamworth Borough Council

Warwickshire County Council

Constituent Areas:

Birmingham City Council

Dudley Metropolitan Borough Council

Solihull Metropolitan Borough Council

Walsall Metropolitan Borough Council

Sandwell Metropolitan Borough Council

Coventry City Council

City of Wolverhampton Council

Non constituent areas:

Cannock Chase District Council

North Warwickshire Borough Council

Nuneaton & Bedworth Borough Council

Rugby Borough Council

Stratford-on-Avon District Council

Telford & Wrekin Council

Redditch Borough Council

Shropshire Council

Tamworth Borough Council

Warwickshire County Council

16. Please select which main artform within the sectors that this application will support. (All)

Music

Dance

Theatre

Visual Arts

Literature

Spoken Word/Poetry

Craft

Museums and Galleries

Libraries and Archives

Cultural Education

Combined Arts

Community Organisation

Digital Art and Film/Video Art

Photography

Independent publishing

Cultural Policy

Artist Management/Producing

17. You and, if applicable, all of the direct beneficiaries of this funding over 18 years of age. (All)

18. Your activity be complete by 31 December 2024. (All)

19. How many people are in your delegation? (Del)

20. Full Names of Applicants (Del)

21. Full Name of Applicant (Ind)

22. Do you have a bank account in your name? (Ind)

Yes

No

23. Does every member of your delegation have a bank account in their name? (Del)

Yes

No

Please note that each member of your delegation will be paid a proportion of the grant, as agreed by you. Every member of the delegation must have a bank account in their own name.

24. Formal(Legal) name of your organisation (Org)

25. Trading name (if applicable) (optional) (Org)

26. Full street address (Ind) (Org)

27. Postcode (Ind) (Org)

28. Full street addresses (Del)

29. Postcodes (Del)

30. Local Authority Area (Ind) (Org)

31. Local Authority Areas (Del)

Birmingham City Council

Dudley Metropolitan Borough Council

Solihull Metropolitan Borough Council

Walsall Metropolitan Borough Council

Sandwell Metropolitan Borough Council

Coventry City Council

City of Wolverhampton Council

Cannock Chase District Council

North Warwickshire Borough Council

Nuneaton & Bedworth Borough Council

Rugby Borough Council

Stratford-on-Avon District Council

Telford & Wrekin Council

Redditch Borough Council

Shropshire Council

Tamworth Borough Council

Warwickshire County Council

32. Main contact full name (Org)

33. Main contact position in organisation (Org)

34. Phone number(s) for main contact person (Org)

35. Email address for main contact (Org)

36. Contact email (Org)

37. Contact phone (Org)

38. Email addresses for each contact (Del)

39. Contact phones (Del)

40. Website and/or social media accounts (All)

41. Please indicate below whether each of your delegation members is registered as self-employed. If not, let us know the position and place of work of each of your delegation members, if applicable. (Del)

42. Please complete this as below for every member of your delegation. (Del)

[Name - Self-employed/Sole trader OR Position, Place of work]

43. Are you registered as self-employed/a sole trader? (Ind)

You do not have to be registered as self-employed to apply for this fund as an individual.

44. If you are a salaried employee, please tell us your position and place of work. If you are currently not employed, also let us know. (Ind)

If not applicable please write N/A.

45. Is your organisation part of a wider parent entity? (Org)

46. This could be a wider trust or parent company (Org)

47. How is your organisation constituted? (e.g. Company Limited by Guarantee) (Org)

48. Do you have a company number and/or charity registration number? (Org)

49. Please insert your company number and/or charity registration number. (Org)

50. Full name and job title of your organisational signatories (Org)

51. Please give us some information about your organisation; let us know how your organisation is focusing on one of the eligible arts and culture fields, as detailed in Section 7 of our applicant guidance. (Org)

52. Has your organization led or participated in international activity previously? If so, please give us any relevant examples. If not, please feel free to detail any obstacles that have stopped you from participating in international activity if you desired to do so. (Org)

If your organisation has not previously wanted to be involved in international activity then please state why this has changed.

53. Please tell us a bit about your previous work and how it relates to the art, culture, and heritage sector. Make sure to check Section 7 of our guidance for art forms we support. (Ind)

54. Have you led or participated in international activity previously? If so, please give us any relevant examples. If not, please feel free to detail any obstacles that have stopped you from participating in international activity if you desired to do so. (Ind)

If you have not previously wanted to be involved in international activity then please state why this has changed.

55. Please tell us a bit about the previous work the people in your delegation have done and how it relates to the art, culture, and heritage sector. This can be individual work or, preferably, work you've done together, if any. Make sure to check Section 7 of our guidance for art forms we support. (Del)

56. Have people in your delegation led or participated in international activity previously? If so, please give us any relevant examples, whether you have done it separately or together. If not, please feel free to detail any obstacles that have stopped you from participating in international activity if you desired to do so. (Del)

If your delegation has not previously wanted to be involved in international activity then please state why this has changed.

57. Which country/countries are you planning to collaborate with during your activity? (All)

58. Where will your activity happen? Your answer can be a city/town or region in the country you plan to work with. Please write N/A if you are not sure yet. N/A. (All)

59. Please give us a summary of the purpose of your application. What is the activity you want to take part in, and when are you planning to do it? Please mention the location/s where you want to do your activity. (All)

60. Are you planning to develop this work in partnership with an international organisation or group? (All)

If yes, give us more details about the international partner you wish to work with across your application, and what you have done together so far. If you don't have a partner but wish to do so, let us know about how you plan to identify one.

If no, how will this activity expand your network and help you develop your creative practice?

61. Please provide the legal name(s) of your international partner(s) if appropriate. (optional) (All)

This could be the name of the partner organisation or person. If you are working with multiple partners then please state all their names.

62. How will participating in this activity right now benefit your business and work development? (All)

63. Please tell us the future plans of your international work, considering follow-ups and legacies of the activity you wish to participate in. (All)

How does this activity feed into your future plans? How do you plan to continue your international work after this activity?

64. Start date of your activity(All)

65. Start date of your international travel (optional) (All)

66. End date of your international travel (optional) (All)

67. End date of your activity(All)

68. Please add dates of any milestones of your activity. (All)

69. Please include a line for each budget category you are requesting below (e.g. accommodation, travel, insurance etc.), and the expected cost for each. (All)

Make sure to **only include the budget lines and cost you are requesting from this fund**. While we know prices may change, please research approximate costs and give us a best estimate.

70. Let us know here how we should allocate the funding to each member of your delegation. (Del)

Please use the following format:

[Name - Funding allocation]

71. Do you have any other funding for this activity? (All)

Funding source

Funding amount

What will the match funding cover?

Is the funding confirmed? If not, when do you think it will be confirmed?

72. Are there any personal access costs that would benefit your ability to participate in this activity? (All)

Yes No

Please include details about your personal access costs below.

73. How many people does your organisation employ? (Org)

74. Are you a Small, Medium, or Micro Enterprise? (Org)

75. Are you a female-led enterprise? (Org)

Yes No Unsure/Prefer not to say

Female-led enterprises are those where more than 50% of the partners or directors in day-to-day control of the enterprise identify as female, or where the sole proprietor identifies as female.

76. Are you an ethnically diverse-led enterprise? (Org)

Yes No Unsure/Prefer not to say

Ethnically diverse-led enterprises are those where people from diverse ethnic backgrounds make up more than 50% of the partners or directors in day-to-day control of the enterprise, or where the sole proprietor is from an ethnically diverse group.

77. Are you a disabled-led enterprise? (Org)

Yes No Unsure/Prefer not to say

Disabled-led enterprises are those where disabled people make up more than 50% of the partners or directors in day-to-day control of the enterprise, or where the sole proprietor is a disabled person.

78. Are you an LGBTQIA+-led enterprise? (Org)

Yes No Unsure/Prefer not to say

LGBTQIA+-led enterprises are those where people who identify as LGBTQIA+ make up more than 50% of the partners or directors in day-to-day control of the enterprise, or where the sole proprietor identifies as an LGBTQIA+ person.

79. If you are a delegation, every member of your delegation should answer the below questions in a Word document and upload here. (Del)

You can copy-paste this information in the same Word document for the number of people in your delegation. You can add your name to each section, but you do not have to.

How old are you?

- a. 18 – 19
- b. 20 – 24
- c. 25 – 29
- d. 30 – 34
- e. 35 – 39
- f. 40 – 44
- g. 45 – 49
- h. 50 – 54
- i. 55 – 59
- j. 60 – 64
- k. 65 and over
- l. Prefer not to say.

How would you describe your ethnicity or ethnic background?

- m. Arab.
 - Asian, or Asian British
- n. Bangladeshi or Bangladeshi British
- o. Chinese or Chinese British
- p. Indian or Indian British
- q. Pakistani or Pakistani British
- r. Any other Asian background.
 - Black
- s. African or African British
- t. Caribbean or Caribbean British
- u. Any other Black background.
 - Mixed or multiple ethnic groups
- v. White or White British and Asian or Asian British
- w. White or White British and Black African or Black African British
- x. White or White British and Black Caribbean or Black Caribbean British
- y. Any other mixed or multiple ethnic background.
 - White
- z. English, Scottish, Welsh, Northern Irish or British
- aa. Gypsy or Irish Traveller
- bb. Irish

- cc. Roma
- dd. Any other white background
- ee. Any other ethnic background
- ff. Not known
- gg. Prefer not to say.

How would you describe your gender identity?

- hh. Man
- ii. Woman
- jj. Non-binary
- kk. In another way (specify, if you wish)
- ll. Prefer not to say.

Is the gender you identify with the same as your sex registered at birth?

- mm. Yes
- nn. No
- oo. Prefer not to say.

How would you describe your sexual orientation?

- pp. Asexual
- qq. Bisexual
- rr. Gay or lesbian
- ss. Heterosexual/straight
- tt. Queer
- uu. In another way (specify, if you wish):
- vv. Prefer not to say.

What is your religion or belief? (Select all that apply)

- ww. No religion (including atheist)
- xx. Buddhist
- yy. Christian
- zz. Hindu
- aaa. Jewish
- bbb. Muslim
- ccc. Sikh
- ddd. Any other religion or belief (specify, if you wish):
- eee. Prefer not to say.

Do you identify as disabled or D/deaf, neurodivergent, having a long-term health condition and/or having a mental health condition?

- fff. Yes
- ggg. No

hhh. Prefer not to say.

Do you identify as from a socio-economically disadvantaged background?

iii. Yes

jjj. No

kkk. Prefer not to say.

80. How old are you? (Ind)

81. How would you describe your ethnicity or ethnic background? (Ind)

82. How would you describe your gender identity? (Ind)

Man	Woman	Non-binary	In another
way	Prefer not to say		

Please specify, if you wish

83. Is the gender you identify with the same as your sex registered at birth? (Ind)

84. How would you describe your sexual orientation? (Ind)

Please specify, if you wish

85. What is your religion or belief? (Select all that apply) (Ind)

No religion (including atheist)

Buddhist

Christian

Hindu

Jewish

Muslim

Sikh

Any other religion or belief

Prefer not to say.

Please specify, if you wish

86. Do you identify as disabled or D/deaf, neurodivergent, having a long-term health condition and/or having a mental health condition? (Ind)

87. Do you identify as from a socio-economically disadvantaged background? (Ind)

88. I would like to be added to a list of interest for a free Carbon Literacy training.

(optional) (All)

The Carbon Literacy training has been developed to empower you to make a positive impact on climate change and help to influence others around you to drive action. The West Midlands Combined Authority is pleased to offer this free Carbon Literacy training to anyone across the West Midlands.

As the International Fund focuses on carbon-heavy activities such as traveling, we invite you to attend this training to understand how to manage your carbon footprint.

By ticking this box, you agree to your contact information being shared to the WMCA Carbon Literacy team for them to contact you about the training opportunity.

89. I would like to be added to the WMCA Culture newsletter.

(optional) (All)

By ticking this box, you'll receive communication from the WMCA Culture team once a month with funding opportunities from the WMCA and the sector in arts, culture, and more.

90. I certify that all the information included in the application is true to my knowledge, and that I have authority to submit this application. (Please indicate yes or no) (All)

Commonwealth Games
Legacy Fund



West Midlands
Combined Authority



HM Government

BRITISH
COUNCIL