

# Rural Cinema Pilot Scheme Application



## Form

For UK Film Council use

Date received:

URN:

THIS FORM SHOULD BE COMPLETED IN CONJUNCTION WITH THE [GUIDELINES FOR APPLICANTS](#), WHICH SHOULD BE READ CAREFULLY IN FULL BEFORE COMPLETING THE FORM

### SECTION 1: Contact details

#### 1. Your contact details

Name

Position at organisation

Address

Town/City

Postcode

Telephone(s)

Fax

E-mail

Website

If you have any specific communication needs, please tell us what they are:

Text phone

Sign language

Other (please specify below)

### SECTION 2: Applicant details

If we make you an offer, it will need to go to the legal entity that is leading your consortium/group. Please therefore confirm which of the following applies and insert the relevant details of the lead organisation.

Are you:

A. Registered company or limited liability partnership?

If yes, insert full registered name here:

Insert registration number here:

B. Registered charity?

If yes, insert full registered name here:

Insert registration number here:

C. A local authority or other public body

If yes, please insert name of organisation here:

Which area are you applying for?

Shropshire  
Wiltshire & Tact  
North Yorkshire

  
  

Please provide a summary below of your experience in rural cinema provision:

Please confirm that you have attached a copy of your most recent annual accounts:

### SECTION 3: Consortium/Group information

Please provide details of the organisations or individuals that you will work with to deliver the pilot scheme:

**Regional / local bodies:** [please continue on a separate sheet of paper if necessary]

Name of regional / local Organisation	Based in the region?	Participation proposed	Participation confirmed
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**National bodies:** [please continue on a separate sheet of paper if necessary]

Name of national organisation	Participation proposed	Participation confirmed
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

#### SECTION 4: Strategic vision

Please confirm that you have attached your strategic vision for delivering the Rural Cinema Pilot Scheme in the relevant area

(to be presented on no more than two sides of A4):

#### SECTION 5: Screenings, venues and audiences

	Year 1	Year 2	Year 3
How many screenings do you plan to organise?			
How many venues do you plan to involve?			
Projected audience admission figures:			

#### SECTION 6: Public value

How many people do you estimate will benefit directly from the Rural Cinema Pilot Scheme in your region per year?

Estimate

What age(s) do you think the people benefitting from the pilot scheme will be? (please tick all of the appropriate boxes)

Under 18

Ages 18-25

Ages 26-59

Ages 60+

Please provide details below of the specific benefit to diverse and excluded groups in your area (for example young people, ethnic minorities, people with disabilities, people living in rural areas, people on low income). [Please continue on a separate sheet of paper if necessary]

## SECTION 6: Public value (continued)

## SECTION 7: Budget and expenditure

Please detail your budget and expenditure for delivery of the Rural Cinema Pilot Scheme below.

The total should match the amount requested from the UK Film Council, as in Section 9, plus any additional partnership funding, as in Section 8. We appreciate that any costings will be approximate at this stage.

Capital / equipment costs	Quantity requested	Approximate cost
• Portable D-Cinema DCI standard projection equipment (Standard 'A')		£
• Hi-definition Blu-ray-based projection equipment (Standard 'B')		£
• Digital 3D systems		£
• Other screening equipment eg sound systems, screens, blackout etc		£
• Satellite installations into venues		£
• Installation of ADSL lines and/or broadband internet into venues		£
• Site survey inspections		£
	<b>SUBTOTAL:</b>	£

Other costs	Quantity requested	Approximate cost
• Audience development activity (eg marketing, publicity, promotion, special events)		£

• Training (eg technical proficiency)		£
• Touring transportation costs (eg van hire)		£
• Monitoring (mandatory)		£10,000 (mandatory)
• Overheads (max 8% of award)	%	£
• Other (please provide details below)		£
	<b>SUBTOTAL:</b>	£
	<b>GRAND TOTAL:</b>	£

## SECTION 8: Partnership funding

Please enter source(s) and amount(s) of anticipated partnership funding below:

### Cash:

Source of funding:	Proposed	Confirmed
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£
<b>Total cash funding:</b>	£	£

### In-kind funding:

Source of funding:	Proposed Notional Value	Confirmed Notional Value
	£	£
	£	£
	£	£
	£	£
	£	£
	£	£

	£	£
Total in-kind funding:	£	£

### SECTION 9: Amount requested

Amount requested from UK Film Council:

**NB: The maximum amount which you can request is £400,000**

£

### SECTION 10: Lottery funding

Have you previously applied, are you currently applying, or do you intend to apply for Lottery funding from another distributing body, or are you applying for funds from any other source (eg European funding bodies)? If yes, please give further details, the name of that funding source, any project reference code and outcome.

Yes

No

[Please continue on a separate sheet of paper if necessary]

### SECTION 11: Meeting dates

If we decide to proceed with your application, we will invite you and not more than two representatives of your consortium to discuss your plans more fully. The proposed dates for these meetings are listed below.

- Monday 7 September
- Tuesday 8 September
- Wednesday 9 September

Please indicate below which, if any, of the dates you cannot make:

### SECTION 12: Declaration

The UK Film Council is required to identify all relevant financial or personal interests that may exist between board members or employees of the UK Film Council and applicants. This is to ensure that measures can be introduced to prevent a conflict of interest arising between those persons assessing the application for the UK Film Council and such applicant. For these purposes please complete the statement below:

**"I (or the person/company on whose behalf I am applying) do / do not\* have any financial and/or close personal relationship with any Board member or employee of the UK Film Council.**

applicable

\*Delete or insert details as

**The nature of such relationship is as follows"** (eg spouse, relative, financial interest – please specify details below):

I have read and understood the UK Film Council's application guidelines and its public statement of aims and objectives. The information I have given on this application is true and correct. Any material I have sent to support my application is also true and correct. I will tell you immediately if this information or the supporting material needs to be updated. I am happy for you to provide copies of this form and any supporting material to any person or organisation you wish to consult about my application. I am authorised to make this application and accept a conditional offer. I also have the authority to repay the UK Film Council in the event of the conditions not being met.

**I understand that the information I have given on this application will form the basis of any contract should the application be successful.**

**I also understand that as part of the assessment process, the UK Film Council will take account of the commercial and financial viability of my organisation. The UK Film Council may request a copy of the latest audited accounts.**

**Signature:**

**Date:**

#### **Data protection**

Part or all of the information you give us will be held on computer and used for statistical purposes. It will also be used for the administration of applications and awards. We may provide copies of the information in confidence to individuals or organisations who are helping us assess applications or monitor funding and may also be shared in connection with these purposes with other companies in the UK Film Council group of companies.

#### **Please note**

- Your application will not be considered complete without all requirements including the 'additional information' form being returned.
- Please only send a signed, original application form. We cannot accept faxed or photocopied forms.
- If possible, please also email a copy of your application to [rural@ukfilmcouncil.org.uk](mailto:rural@ukfilmcouncil.org.uk).

The completed application form together with the supporting documentation should be sent to:

Kath Knight  
Distribution & Exhibition Fund Administrator  
UK Film Council  
10 Little Portland Street  
London  
W1W 7JG

All applications must be received by 18:00 on Monday 10 August 2009 (the closing date).

# Rural Cinema Pilot Scheme Application Form

## Additional information

We are committed to pursuing equality of opportunity. Monitoring applicants and applications is one way of helping to ensure that there is no discrimination in the way applications are assessed. The information you provide on gender, ethnic origin and disability will be used for *monitoring purposes only*. This section will be separated from your application upon receipt and the information it contains will not influence your application in any way.

Please note you will need to return this form as part of your application, providing any of the information requested is optional.

	Number
<b>Number</b> of employees at your organisation (please remember to include yourself as applicable)	<input type="text"/>

Of the people included in your total above, how many are:

**Gender:**

Male

Female

Number

<input type="text"/>
<input type="text"/>

**Ethnic Background:**

This information should be self assessed, therefore please give your colleagues the opportunity to select the description which best applies. This checklist is the standard ethnic monitoring categories provided by the Commission for Racial Equality.

	Number	
Asian or British Asian:	Indian	<input type="text"/>
	Pakistani	<input type="text"/>
	Bangladeshi	<input type="text"/>
	Any other Asian background	<input type="text"/>
Black or British Black:	Caribbean	<input type="text"/>
	African	<input type="text"/>
	Any other Black background	<input type="text"/>
Mixed:	White and Black Caribbean	<input type="text"/>
	White and Black African	<input type="text"/>
	White and Asian	<input type="text"/>
	Any other Mixed background	<input type="text"/>
White:	British	<input type="text"/>
	Irish	<input type="text"/>
	Any other White background	<input type="text"/>
Other ethnicity:	Chinese	<input type="text"/>
	Any other ethnic background	<input type="text"/>

**Disability:**

Defined by Disability Discrimination Act as a 'physical or mental impairment which has a substantial and long-term adverse effect upon his (or her) ability to carry out normal day-to-day activities'

Individuals with a disability: