**ARDS AND NORTH DOWN BOROUGH COUNCIL**

**Parks and Cemeteries**

**In Bloom Funding Application Form**

Ref No:

|  |  |
| --- | --- |
| **Name of organisation** | **Name of Contact Person** |
| **Postal Address of organisation contact**  **Postcode** | |
| **Telephone No of organisation contact** | |
| **E-mail Address** | |

**About the Group**

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| **When was your organisation founded?** |
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| **Is your organisation VAT registered? Yes**  **No**  |
| **What is the legal status of your organisation?**  ***Constituted Community Group***  ***Voluntary organisation***   ***Partnership/Inter-Agency Group***  **Church or Religious group**  ***Other (please describe):***  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **What are the aims and objectives of your organisation? (250 WORDS)** |
| **What are the current activities of your organisation? (250 WORDS)** |
| **What geographical area is covered by your organisation project?** |
| **Is your organisation in partnership or in contact with others involved in similar project? YES/NO (If yes, please give details)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**About the Project**

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| **Please state the nature of the proposed project: (500 WORDS)** |
| **Proposed start date of project** |
| **Proposed completion date** |
| **Criteria. Give an indication how criteria will be met.**  **Explain how the project will meet the core objectives of Ards and North Down In Bloom - *Horticultural, Environment and Community***    **Provide a vision as to how the funding will enhance the area and how this will be sustained for subsequent years.**  **Evidence of approval from landowner where works are to be carried out.**           **Explain how the works will be carried out and by whom.**    **Insurance cover in place. Yes/no**  **Is an insurance grant required?**  **If so, to what level is the grant required?** |
| **Safeguarding** |
| **Do you plan to involve children, young people and/or adults at risk in your activities?** |
| **If yes, do you have a safeguarding policy?** |
| **If yes but you do not have a safeguarding policy, you are required to adhere to the Ards and North Down Borough Council’s Safeguarding children, young people and adults at risk, a copy of which will be provided.** |

**Breakdown of Costs**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total project cost: £** | | | | | | | | | |
| **Please give a description of the individual items** | | | | | | | | | |
| **Item** | | | **Supplier Contact Details** | | | | **Amount** | | |
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|  | | | | | | | **Total** | | |
| **What proportion of the total cost are you applying for? %**  **What is the level of support your Group is requesting from the In Bloom Funding Scheme £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | |
| **Has your Group applied to any other sources to assist funding this project? YES/NO (if yes, please give full details below)** | | | | | | | | | |
| **Organisation** | **Amount** | | | **Received** | | **Promised** | | | **Don’t know** |
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| **Has your Group received any previous financial assistance from Ards and North Down Borough Council? YES/NO (if yes, please give details)** | | | | | | | | | |
| **Project Title** | | **Grant Scheme** | | | **Date Received** | | | **Amount Received** | |
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**Please outline the steps that your organisation will take to ensure that the project is accessible to persons with a disability**

**Other Information**

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| **Please provide any other information in support of your application, including details of any published reports in relation to your organisation and/or project** |

**Signed on behalf of : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Please return via email to** [**andparks@ardsandnorthdown.gov.uk**](mailto:andparks@ardsandnorthdown.gov.uk) **or forward to the address below.**  **Parks and Cemeteries**  **Ards and North Down Borough Council**  **City Hall, The Castle**  **Bangor**  **BT20 4BT**  **Closing date for Applications 27/02/2025 at 16:00pm**  **This application form is available in different formats and languages on request.** |