**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**

|  |
| --- |
| **When was your organisation founded?** |
|  |
| **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**

|  |
| --- |
| **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**

|  |
| --- |
| **Total project cost: £** |
| **Please give a description of the individual items** |
| **Item** | **Supplier Contact Details** | **Amount** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | **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** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Please outline the steps that your organisation will take to ensure that the project is accessible to persons with a disability**

**Other Information**

|  |
| --- |
| **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 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **Please return via email to** **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.** |