# ARDS AND NORTH DOWN BOROUGH COUNCIL Parks and Cemeteries In Bloom Funding Application Form

Name of organisation	Name of Contact Person				
Postal Address of organisation contac	t				
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 GroupChurch or Religious groupOther (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 org	anisation i	n 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)
Drepaged start data of preject
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. Ves/po
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 co	ost: £							
Please give a description of the individual items								
ltem		Supplier Contact Details				Amount		
		•	•					
						Total		
						Total		
What proportio	n of th	e total cos	st are yo	u applyir	ng for?	C	6	
			•		•			
What is the leve							n Bloom	
Funding Schen	າe £							
Has your Group	o appli	ied to any (	other so	urces to	assist fu	nding t	his project?	
YES/NO (if yes,	pleas	e give full	details b	elow)		-		
Organisation	Amo	unt	Receive	ed	Promise	ed	Don't know	
Has your Grou	o recei	ived any p	revious f	inancial	assistan	ce from	Ards and	
North Down Bo								
	0				U		,	
Project Title	Project Title Grant Sche		me Date Received		eceived	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 <u>andparks@ardsandnorthdown.gov.uk</u> 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.