

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 contact	
Postcode	
Telephone No of organisation contact	
E-mail Address	

About the Group

When was your organisation founded?
Is your organisation VAT registered? Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the legal status of your organisation?
<i>Constituted Community Group</i> <input type="checkbox"/> <i>Voluntary organisation</i> <input type="checkbox"/> <i>Partnership/Inter-Agency Group</i> <input type="checkbox"/> <i>Church or Religious group</i> <input type="checkbox"/> <i>Other (please describe):</i> <input type="checkbox"/> _____
What are the aims and objectives of your organisation?
What are the current activities of your organisation?
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:

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.

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?

Breakdown of Costs

Total project cost: £				
Please give a description of the individual items				
Item	Supplier Contact Details			Amount
				Total
<p>What proportion of the total cost are you applying for? %</p> <p>What is the level of support your Group is requesting from the In Bloom Funding Scheme £ _____</p>				
<p>Has your Group applied to any other sources to assist funding this project? YES/NO (if yes, please give full details below)</p>				
Organisation	Amount	Received	Promised	Don't know
<p>Has your Group received any previous financial assistance from Ards and North Down Borough Council? YES/NO (if yes, please give details)</p>				
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
2 Church Street
Newtownards
BT23 4AP**

**Closing date for Applications 02/02/2024 at 16:00
This application form is available in different formats and languages on request.**