Enniscorthy Municipal District

WEXFORD COUNTY COUNCIL

#  SHOP FRONT FLOWERS

# GRANT SCHEME, 2024

***Ballindaggin, Bree, Bunclody, Davidstown, Enniscorthy, Ferns & Kiltealy***

|  |  |
| --- | --- |
| **Name of Business:** |  |
| **Address of Business:**  |  |
| **Contact Name** **(Block Capitals):** |  |
| **Mobile Number:** |  |
| **E-Mail Address:** |  |
| **Address for Correspondence:** |  |
| **Detail Proposed Works:** |  |
| **Project Commencement Date**: |  |
| **Project Completion Date:** |  |
| **Estimated cost of project:** | **€** |

**10. Please ensure that the attached Data Protection Consent Form is signed and enclosed with your Application Form.**

**11. Please ensure that the attached Bank Details Form is completed, signed and enclosed with your Application Form.**

**SIGNED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# SHOP FRONT FLOWERS

#  GRANT SCHEME

**2024**

**PARTICULARS OF SCHEME**

Please submit with this application:

1. ***PHOTO OF PREMISES (before & after works)***
2. ***RECEIPTS* –** to the value of **€150** for Summer Planting to include window boxes and baskets sourced in the Local Municipal Retail Area.
3. **PROOF OF PAYMENT** (*Bank Statement showing payment*)

MAXIMUM GRANT **€150.00.**

This grant scheme is awarded at the discretion of the management of Enniscorthy Municipal District. All applicants will be considered subject to available funding.

**Completed Application Form must be submitted to:-**

**Enniscorthy Municipal District,**

Market Square,

Enniscorthy,

Co. Wexford.

Telephone:- 053-9233540

emdreception@wexfordcoco.ie

**Closing Date for Receipt of Completed Application Forms**

**is 5pm Friday, 31st May, 2024.**

**BANK DETAILS FORM**

Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email (for Remittance) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sort Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIC Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IBAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT FORM**

**Data Protection Acts 1988 to 2018 as amended**

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ consent to the collection and processing of the data provided by me to Wexford County Council, and to the sharing of this data with any of Wexford County Councils internal departments or one of the other Wexford County Council Municipal Districts, if requested.**

**Wexford County Council will treat all information and personal data you give us as confidential. We will retain your data for no longer than is necessary for the purpose of processing and duration of the Shopfront Flower Grant Scheme Application and in accordance with the Council’s Retention Policy.**

**I consent to my data being processed, shared and stored by Wexford County Council for the purposes outlined above.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(in Block Capitals)**

**Please ensure this Consent Form is signed and enclosed with your Grant Application.**