Enniscorthy Municipal District

WEXFORD COUNTY COUNCIL

#  SHOP FRONT FLOWERS

# GRANT SCHEME, 2025

**The scheme will assist Business Owners / Operators to carry out works which will improve the exterior appearance of their business premises to enhance public realm of the town/village of: 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

**2025**

**PARTICULARS OF SCHEME**

On approval of your application please submit:

1. ***PHOTO OF PREMISES (After works)***
2. ***ITEMISED RECEIPTS* from a registered business–** for Summer Planting/window boxes and hanging baskets **only** sourced in the Local Municipal Retail Area.
3. **PROOF OF PAYMENT** (*Bank Header/Statement showing payment*)

MAXIMUM GRANT **€150.00**

**Approval/Refusal of Grant will be notified on or before 12th June 2025 by email.**

**Works must be completed by 27th June and receipts/photo submitted**

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

**NB. If submitting application by email, please reference in the subject line “SHOPFRONT FLOWERS” and the Name and Address. A separate email per application if more than one.**

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

**is 5pm 20th May, 2025.**

**BANK DETAILS FORM**

SHOP FRONT FLOWERS

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**

SHOP FRONT FLOWERS

**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.**