



Ang Mo Kio Town Council
AMK-In-Bloom Award 2017/2018
Application Form

Note:

All entries will be assessed according to the following criteria:-

I) Community Involvement

- Planning, setting up, maintaining and managing the garden
- Garden Sustainance – no of participants, age of garden, activities to sustain interest (gatherings, celebrations, talks, training, learning, outing, etc) related to the garden programme
- Support for the garden program - partnership with other gardening groups, schools and efforts to help promote gardening among other communities and also strategies to sustain the garden.

II) Quality of Garden

- Garden design – garden theme, general appearance, aesthetic, landscaping creativity/originality and practical use of garden layout
- Plants and hard landscape elements – use of ornamental plants, suitable plant selection and use of hardscape elements (paving, trellises, raised beds, sculptures, lightings, pots and etc)
- Garden maintenance - health of plants, state of soil, maintenance of structures, housekeeping, proper storage of tools and materials.
- Environmental responsibility – use of recycled materials and plants that enhance the environment (eg attract butterflies), adopting environmentally friendly practices and environmental safety.

1. All entries must be accompanied by **a minimum of 4 photographs featuring the garden.**
2. Closing Date: **30 September 2017.**
3. Application forms are to be submitted **by hand** at any offices located at:-

- **Ang Mo Kio Ave 1 Main Office:**
Blk 342 Ang Mo Kio Ave 1 #01-1561 Singapore 560342. Tel: 64530511
- **Ang Mo Kio Ave 10 Office:**
Blk 528 Ang Mo Kio Ave 10 #01-2385 Singapore 560528. Tel: 64561633
- **Ang MoKio-HougangService Centre:**
Blk 662 Hougang Ave 4#01-415 Singapore 530662 Tel: 63851631
- **Sengkang West Office:**
Blk 410 Fernvale Road #01-01 Singapore 790410 Tel: 66349215

Name of Applicant:	Contact No:	Date of Application:
Name of Community Garden:		Resident Committee / Neighborhood Committee:
Address/Location of garden:		Date established:
Name of Person-In-Charge of the garden:	Contact No:	E-mail Address:
How many participants are there in your gardening group? (Please tick)		
<input type="checkbox"/> 1-2 persons <input type="checkbox"/> 3-6 persons <input type="checkbox"/> 7-10 persons <input type="checkbox"/> More than 10 persons		
Does your gardening group have any partnership with other communities (e.g. sharing harvest with homes, helping new gardens to start-up?)		
<input type="checkbox"/> Yes (If yes, please provide details _____) <input type="checkbox"/> No		
Do you have professional help in the setting up and maintenance of the garden?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
What are some of the activities and events related to gardening that have been organized by your garden group for the past 2 years?		
Name of Event	Date	Number of participants or additional information

<u>For Official Use</u>	
Scheduled Assessment Date & Time : _____	
Assessor: _____	Grade: _____