

# Ang Mo Kio Town Council AMK-In-Bloom 2021 Application Form

- 1. All entries must be accompanied by <u>a minimum of 4 photographs of the garden</u>, <u>harvest and gardeners involved</u>.
- 2. Closing Date: 30 June 2021.
- 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

Ang Mo Kio Ave 10 Office

Blk 528 Ang Mo Kio Ave 10 #01-2385 Singapore 560528

Ang Mo Kio-Hougang Service Centre

Blk 662 Hougang Ave 4#01-415 Singapore 530662

• Fernvale Office

Blk 410 Fernvale Road #01-01 Singapore 790410

#### 4. Judging Criteria

All entries will be assessed according to the following criteria

#### I) Community Involvement (50%)

- Garden Sustenance
  - i. Number of active participants
  - ii. List of gardening activities (gatherings, celebrations, talks, training, outing, etc.) to sustain gardening interest
- Support for the Garden Program
  - i. Partnership with other gardening groups and schools to promote gardening interest
  - ii. List of plans to sustain the garden
- Sharing of harvest

### II) Quality of Garden (40%)

- Garden Design
  - i. Theme: general appearance
  - ii. Landscaping: Creativity/originality
  - iii. 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
  - i. Health of plants, state of soil, maintenance of structures, housekeeping, proper storage of tools and materials
- Environmental Responsibility

i. Use of recycled materials and plants that enhance the environment such as those that attract butterflies, bees, dragonflies etc. and adopting environmentally friendly practices and environmental safety.

## III) Future Plans (10%)

- List of plans for better community involvement, environmental quality and biodiversity

The judging process is based on:

- Entry form submission inclusive of all supporting documents such as photographs, video(s) and press clippings, if any
- Visual assessment of the community garden

Name of Applicant:	Contact No:	Date of Application:	
Name of Community Garden:		Resident Committee / Neighbourhood Committee:	
Address/Location of Garden:		Date Established:	
Name of the Person-In- Charge of the garden:	Contact No:	E-mail Address:	
How many participants are there in your gardening group? (Please tick)			
☐ 1-5 persons ☐ 6-10 persons ☐ 11 persons and above			
Does your community gardening group collaborate with other organisation/school/society to help in areas such as setting up new community gardens or conducting joint activity to foster gardening interest etc?			
☐ Yes (If yes, please provide the details below.)			
□ No			
Do you share your harvest with community?			
□ No □ Yes, with nearby residents/needy families/non-profit organisation			
What are some of the gardening activities and events that your group had organised for the past 2 years?			
Name of Event	Date	Number of participants or additional information	

Share your future garden plan here.			
For Official Use			
Scheduled Assessment Date & Time:			
Grade:			