

# Historic Environment <u>Gra</u>nts

# Landscape Management Plan Grants Scheme

**Application Form** 



#### How to complete this form

You must answer all of the questions in the form.

- If a question does not apply to you, please write 'does not apply' or n/a.
- Please write clearly in BLOCK CAPITALS.
- You can download this application form from our website www.historic-scotland.gov.uk/grants.
- You can submit your application form to hs.grants@scotland.gsi.gov.uk or by post to The Investment and Projects Team, Historic Scotland, Salisbury Place, Edinburgh EH9 1SH. Please ensure that you submit a hard copy of the declaration form.

Historic Scotland operates an 'access to information' policy. Any information that you send to us and any information provided to help process this application may become publicly available.

Please tell us if you h (tick all boxes that ap	ave any specific communication needs  ply)
Audio tape	Sign language
Text phone	Other requirements

### **Applicant**

#### Q1 Applicant's details.

Please refer to the attached Notes for Guidance for details of who is eligible to apply for a grant.

Name:
Type of Organisation:
Address:
Address:
Town:
Postcode:
Telephone:
E-Mail:
Web Site:

Q2 If you will not be handling the application yourself please tell us the name and address of the person who will be our main contact.

Name:	
Address:	
	Postcode:
Telephone:	
Fax:	
E-Mail:	

# **Your property**

Name	of Property:					
Addre	SS:					
				Postcod	de:	
Name	of the loca	authority a	area in whi	ch the pro	perty is s	ituated.
Is the	property in	cluded in tl	he <i>Invento</i>	rv of Garde	ens and D	esianed
	es in Scotla					<b>3</b>
	Yes	No				
<b>Please</b>	summaris	e anv devel	opment. m	aintenance	e or othe	r significant
		e any devel n undertake				r significant ve years.
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## **Ownership details**

7 Do	you own or control all of the property?
	Yes No
lf "	Yes" how long has it been in you/your family's ownership?
lf'	No', please provide the following information:
Th	e nature of your interest in the property.
Th	e date when you gained this interest.
	tails of this interest (for example the length of your remaining lease term, details of ar reement or option to buy).

Please enclose copies of documents that support the information provided in this question (for example a copy of your lease or option to buy).

Q8 Does anyone else have a legal interest in the property?
Yes No
If 'Yes', please give details of their names and addresses.  Continue on a separate sheet, if necessary.
Name(s):
Address(es):
Postcode:
Do they support the preparation of a Landscape Management Plan?
Yes No
Are they prepared to contribute towards the cost of the plan?
Are they prepared to contribute towards the cost of the plan?  Yes  No

#### Access

It will be a condition of grant that you provide public access to your property.
Q9 Do you currently provide public access to your property?  Yes No
If 'Yes', please give details of your arrangements.
If 'No', please give details of how you can provide access. If you do not think you are able to provide public access please explain why.

	why you consider that this property is in need of, espoke Landscape Management Plan.
Q11 Who do you intend to	commission to prepare the plan?
Name:	
Address:	
	Postcode:
Telephone:	
E-Mail:	
Website:	

Please provide supporting evidence of previous work.

f 'Yes', please give deta	No ails of the grant, inc	cluding the amoun	t.
Name of organisation and type of funding	Date of grant award	Grant amount £	Time limits (if any)
How much grant ar	e you asking us	for under this	scheme?
£			

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# Checklist

You must send us the following information with this application. (please tick box if information enclosed)			
	In the event of joint-ownership, please provide evidence that all owners support the preparation of a Landscape Management Plan and are prepared to contribute.		
	Supporting evidence that your consultant has an established record of preparing management plans with particular reference to historic gardens and landscapes.		

#### **Declaration**

Your completed application form must be signed by the applicant named in Q1 and, where applicable, other parties with a legal interest named in Q8 (for example co-owners of your property). If the applicant is an organisation, an authorised member of that organisation must sign and must give his or her job title.

I/we confirm that I/we have read and accepted the guidance notes, and that the information on this application form, together with the supporting information enclosed with it, is accurate and complete to the best of my/our knowledge.

Signature(s):
Name(s) (in capital letters):
Job title (for organisations only):
Date:



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