



Gardens Network Micro-Grant Program 2018 Garden Enhancement Grant Application

▶ PLEASE LIMIT YOUR APPLICATION TO THREE PAGES AND A MAXIMUM OF 3 ATTACHMENTS ◀

** APPLICATION DUE JUNE 1st **

Garden Information

Garden Name: _____

Garden Address/Location: _____

Number of Plots: _____ Number of Households: _____

Primary Contact

Name: _____

Address: _____

Email: _____ Phone: _____

Secondary Contact

Name: _____

Address: _____

Email: _____ Phone: _____

Funding Request

Total Monetary Request (max \$500): _____

If funded, who should a check be made out to? _____

What address should a check be mailed to? _____

Project Information

Please describe the enhancement project you are requesting support for:

▶ SEE NEXT PAGE ◀

What are the goals you're hoping to accomplish by the project?

Has your garden leadership discussed and approved this proposal? Yes No
If not, please explain:

Have you submitted garden demographics forms to CGW for 2018? Yes No

Budget

INCOME	
Garden Enhancement Micro-Grant request:	
Other income sources (list below):	
Total Income:	\$
EXPENSES	
Total Expenses:	\$
NET Income (income – expenses = net)	\$

Please list any in-kind contributions to this project (volunteer time, labor, time bank hours, donated professional services, etc.):

<p>Applications may be sent electronically to: gardens@communitygroundworks.org. Please put 'Garden Enhancement Grant Application' in the subject line.</p>	<p>OR</p>	<p>Applications may be submitted by mail to: Community GroundWorks Attn: Gardens Network Micro-Grant 3601 Memorial Dr., Suite 4 Madison WI 53704</p>
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***Questions about the application?** Email us at gardens@communitygroundworks.org or call 310-8847