



Gardens Network Micro-Grant Program

2022 Garden Enhancement Grant Application

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

APPLICATION DUE 11:59 PM on Sunday, May 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:

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

▶ SEE NEXT PAGE ◀

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

***Who should the Gardens Network call if we have questions about your proposal?**

Name: _____ Phone Number/Email _____

Budget

INCOME	
Garden Enhancement Micro-Grant request:	
Plot fees collected:	
Other income sources (list below):	
Total Income:	\$
EXPENSES –include estimates for all garden 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><u>Applications may be sent electronically to:</u> gardens@rootedwi.org. Please put 'Garden Enhancement Grant Application' in the subject line.</p>	<p>OR</p>	<p>Applications may be submitted by mail to: Rooted WI, Inc Attn: Gardens Network 2702 International Ln., Suite 200</p>
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		Madison, WI 53704
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***Questions about the application?** Email us at gardens@rootedwi.org or call (608) 236-3478