

Hamilton County Master Gardeners Association
Application for Small Grants

Date: _____	Page One
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Name of group requesting grant: _____

Name of project: _____

Amount requested: _____

Location of project: _____

Applicant/contact person name: _____ Phone: _____

Email: _____

Address: _____

Brief SUMMARY of the project: _____

Is this a new or existing project: _____

Please give a brief breakdown of the proposed BUDGET for the project:

Labor, material and program costs: _____

Sources and amounts of funds already raised, if any: _____

Total cost of project: _____

Please give a concise DESCRIPTION of the project which includes the following on the following page:

- a. How does the project further the HCMGA mission?
- b. Why is the project needed?
- c. Specific objectives to be achieved,
- d. Specific information on how HCMGA grant funds would be used
- e. Who benefits from the project?
- f. How many? How do they benefit?
- g. Names of organizations involved, if any, with a brief description of each, including number of members;
- h. Financial resources committed to the project from other sources, if any;
- i. Anticipated starting and completion date of the project.

