**Master Gardener Foundation of Pierce County**

**Sharon Ballard Community Garden Grant**

**Request for Funding Application**

Funding Requested for: New Garden  Existing Garden:  Date established Click or tap here to enter text.

Amount of funding requested: Click or tap here to enter text.

**Detailed Project Budget, for grant funds requested, must accompany the application.**

|  |  |
| --- | --- |
| Request | Answer |
| Date of application | Click or tap here to enter text. |
| Name of organization or community group | Click or tap here to enter text. |
| Physical address of community garden | Click or tap here to enter text. |
| Name and role of contact person | Click or tap here to enter text. |
| Address of contact person | Click or tap here to enter text. |
| Email address of contact person | Click or tap here to enter text. |
| Telephone number for contact person | Click or tap here to enter text. |
| Project Name and Description | Click or tap here to enter text. |

***A Pierce County Master Gardener (PCMG) must oversee the project considered for grant funds.***

|  |  |
| --- | --- |
| Name of Master Gardener Overseeing Project  Please check here if you do not have a MG sponsor. This is required to apply for and receive grant funding. We will do our best to find you a sponsor. | Click or tap here to enter text. |
| Phone of Master Gardener | Click or tap here to enter text. |
| Email of Master Gardener | Click or tap here to enter text. |

***A Letter of Project Support, written by the PCMG, and details their project involvement,***

***must accompany the application.***

Previous grant award from MGFPC: Yes  If yes, when? Click or tap here to enter text. No

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**1.** The PCMG Foundation and WSU Extension adhere to civil rights laws and regulations. Extension and Master Gardener volunteers can not provide services to any organization that discriminates. Please indicate by checking the box below that your organization **does not** discriminate on the basis of race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, and status as a Vietnam-era or disabled veteran and provides reasonable accommodations for access to individuals with disabilities and special needs.

Yes, we do not discriminate  No, we do discriminate

**2**. Describe in detail how the funds requested for this project will be spent.

Click or tap here to enter text.

**3.** Describe how you will monitor and measure the success of this project.

Click or tap here to enter text.

**4.** Describe your garden community (i.e.: organizations, people, volunteers, etc.) and how it will benefit from this project. Please specifically detail contributions from organizations, people and committed volunteer hours.

Click or tap here to enter text.

**5.**  What other support is planned for project completion (i.e.: volunteer hours, monetary, and/or in-kind contributions)?

Click or tap here to enter text.

**6.** Tell us about your garden’s leadership structure.

Click or tap here to enter text.

**7.** Please share how your garden will help increase community access to healthy and nutritious food.

Click or tap here to enter text.

**8.** How will your garden community maintain this project in the future? Please include an explanation of your plan for long-term sustainability.

Click or tap here to enter text.

**9.** What additional support do you need to help your community garden be successful?

Click or tap here to enter text.

**10**. Each year PCMG (Pierce County Master Gardener) interns participate in internship projects. This learning-based project is part of their certification process to become a Master Gardener. Is your garden interested in hosting a PCMG internship project for 2018?

Click or tap here to enter text.

**NOTE: The following attachments must accompany the application**

* ***PCMG Letter of ProjectSupport, and details of their project involvement***
* ***Detailed Project Budget*** supporting grant funds requested