**Master Gardener Foundation of Pierce County**

**Sharon Ballard Community Garden Grant**

**Request for Funding Application**

Funding Requested for: New Garden \_\_\_\_\_\_\_ Existing Garden: \_\_\_\_\_\_\_ (date established) \_\_\_\_\_\_\_\_

Amount of funding requested: \_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |
| --- | --- |
| Request | Answer |
| Date of application |  |
| Name of organization or community group |  |
| Physical address of community garden |  |
| Name and role of contact person |  |
| Address of contact person |  |
| Email address of contact person |  |
| Telephone number for contact person |  |
| Project Name and Description |  |

***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. |  |
| Phone of Master Gardener |  |
| Email of Master Gardener |  |
| Previous Master Gardener Grant?  | Yes No |

***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? \_\_\_\_\_\_\_\_\_\_ 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.

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

**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.

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

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

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

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

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

**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?

**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