



# Michiana MASTER GARDENERS ASSOCIATION

"Helping Others Grow!"

## GRANT APPLICATION

*Please type or use computer – use additional sheet if necessary*

Name of Project:				*Amount Requested:		
Type of Project:	Education	Beautification	Seeds or Other Supplies			
	Other ( <i>specify</i> ):					
Location of Project ( <i>address, city, county</i> ):						
Project Director ( <i>name and agency</i> ):						
Applicant Name:						
Address:						
Phone:						
Fax:						
email:						
Other involvement ( <i>donors, volunteers, organizations, resources</i> )						
Total Cash Outlay for Project:	\$					
Cash Outlay Includes:						
Value of In-Kind Contributions:	\$					
In-Kind Contributions Include:						
Who will benefit ( <i>audiences</i> ):						
Length of Impact of Donation:						
Statement of Accessibility of Your Project ( <i>to disabled, elderly, etc</i> ) – Is there an admission charge? Y N						
Other information about the impact, merit, description or value of this project:						
Prior Funds Received from MMGA? Y N If yes, when and amount:						
	We will display a plaque (provided) on location for the duration of the project, crediting the Michiana Master Gardeners Association.					
	We will credit the Michiana Master Gardeners Association on all printed material and public announcements as possible.					
	We will report back with a color photo and a statement of expenditures within six (6) months or at the conclusion of this project, whichever comes first.					
Signed:				Printed Name:		
Organization (if applicable):						
Social Security Number or Organization Tax ID:						

Send your Grant Application to: (*keep a copy for your records*)

