

LAKE COUNTY MASTER GARDENERS ASSOCIATION "HELPING OTHERS GROW" 2023 Grant Application

Name of Applicant (Contact Person)	Name of Group/Organization
Street Address	Street Address
City, State, Zip	City, State, Zip
Telephone	Telephone
 E-mail	E-mail

The purpose of the Lake County Master Gardeners Association's (LCMGA) Grant Program is to promote the objectives of the organization by providing grants from \$200 to \$600 within the borders of Lake County, Indiana. Awards are dependent on funds available and the number of applicants during any given award year.

Grant Eligibility/Requirements

- Place/location must be in Lake County, Indiana.
- An educational aspect is preferred, but not required.
- There may be RESTRICTIONS as to how many times an applicant can request a grant.
- Periodic progress reports submitted to the LCMGA. (Grant committee members may do onsite visits.)

<u>Application Process</u> (Failure to comply with all requirements will automatically void your application.)

Please provide **ONE (1) PACKET** of the following materials on or before **March 1, 2023**:

- 1. This completed Application Form.
- 2. List of your organization's Officers and Board of Directors, if applicable.
- 3. Recent financial audit or year-end financial statement, if applicable.
- 4. Copy of 501(c)(3) tax exemption ruling from the Internal Revenue Service, if applicable.
- 5. Letter of commitment as to how the proposed project will be maintained throughout each year. School applicants must provide a plan for summer maintenance.
- 6. Picture of the project location.

You will receive a response from the grant committee, in writing, on or before **April 1, 2023**. Fifty per cent (50%) of the requested grant will be provided upon the affirmative vote of the grant committee; the remaining fifty percent (50%) will be provided after a committee-approved progress report, which is due on June 1, 2023. If your project has not been started by June 1, 2023, the first grant award check must be refunded.

ADDITIONAL INFORMATION REQUIRED

Project Description

Project Cost/Materials

Please describe in detail the project you are proposing and its purpose. Be sure to include who will benefit from the project. Please provide the location of the project if different from the organization's address. You may attach additional sheets as needed.

Please provide a list of prices and material needed.	s needed for the project. Attach additional sheets as	
What is the total cost (proposed budget) of (Labor is not included.)	of this project?	
How much money are you requesting from	the LCMGA?	
Do you have other funding to complete thi	s project?	
If yes, what is the source of this funding?		
Date of Project Completion Will this project be completed in 2023?		
If not, when will it be completed?		
Who will be responsible for maintenance of this project once it is completed? (Name and contact number needed.)		
In what manner will you publicly acknowle contribution towards this project?	dge the Lake County Master Gardeners Association's	
NOTE: Failure to comply with ALL req	uirements will automatically void your application.	
	rue and correct. I agree that the LCMGA may use this icity in all media, including but not limited to print and nd video presentations.	
Date:		
	Signature of Applicant	

Please forward the Grant Application electronically to teagly@aol.com or by U.S. Mail to LCMGA GRANT COMMITTEE, c/o Purdue Extension, 2293 N. Main Street, Crown Point, IN. 46307. (219-755-3240)

Printed Name of Applicant

