



**LAKE COUNTY MASTER GARDENERS ASSOCIATION
2016 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 \$100 to \$300 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 will 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.)

Application Process

Please provide 3 packets of the following materials on or before **March 1, 2016**:

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, 2016**. 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.

ADDITIONAL INFORMATION REQUIRED

Project Description

Please describe in detail the project you are proposing and its purpose. Be sure to include who will benefit from the project. You may attach additional sheets as needed.

Project Cost/Materials

Please provide a list of prices and materials needed for the project. Attach additional sheets as needed.

What is the total cost (proposed budget) of this project? _____

How much money are you requesting from the LCMGA? _____

Do you have other funding to complete this project? _____

If yes, what is the source of this funding? _____

Date of Project Completion

Will this project be completed in 2016? _____

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 acknowledge the Lake County Master Gardeners Association's contribution towards this project? _____

Date: _____

Signature of Applicant

Printed Name of Applicant

**Return Grant Application to: LCMGA GRANT COMMITTEE
c/o Purdue Extension
880 E. 99th Ct., Suite A
Crown Point, IN 46307
219-755-3240**