



**NORTH STONINGTON GARDEN CLUB
COMMUNITY GRANT APPLICATION 2023**

Name of Organization _____

Contact person: _____

Recipient name (as it should appear on check): _____

Address: _____

Email: _____ Phone: _____

Please describe the mission and/or goals of this organization?

Is the organization a 501(c)(3) non-profit or a municipal/government agency ?

Please check one above or describe your status here:

Please check which type of grant you are applying for in this application:

- A** Donation for General Purpose/Operating Support
- B** Funding for a Specific Program or Project

PLEASE COMPLETE EITHER SECTION A ON PAGE 2 OR SECTION B ON PAGE 3, BASED ON THE TYPE OF GRANT YOU ARE REQUESTING. RETURN YOUR COMPLETED APPLICATION FORM TO THE EMAIL ADDRESS BELOW BY SEPTEMBER 1, 2023.

Signature of Applicant: _____ **Date:** _____

Upon completion submit to: **North Stonington Garden Club**
info@nsgardenclub.org

SECTION A: DONATION FOR GENERAL PURPOSE/OPERATING SUPPORT

The organization should be involved in one of the following areas:

- 1. Programs that educate the public about gardening and/or conservation
- 2. Community/civic improvement projects related to conservation and/or gardening
- 3. Support of conservation/environmental activities

Please indicate which area(s) the organization is involved in and describe a few examples of this work.

Why is it important to support this organization?

How much money are you requesting?

Check this box to confirm that you have read and understood the following statement:
The organization is responsible for providing a Status Report of this Program /Project no later than June 30, 2024. Please send your report and any attachments via email to info@nsgardenclub.org.

SECTION B: FUNDING FOR A SPECIFIC PROGRAM OR PROJECT

Identify the category of program/project (please check one)

1. Programs that educate the public about gardening and/or conservation
2. Community/civic improvement projects related to conservation and/or gardening
3. Support of conservation/environmental activities

Description and location of proposed Program/Project:

Goals of the Program/Project:

Who will participate in the program/project, including who will oversee it?

Please include an attached budget with:

- Estimated costs (material, labor, fees)
- A timeline showing start and completion dates

How much money are you requesting?

Why do you think this Program/Project is important?

Check this box to confirm that you have read and understood the following statement:

The organization is responsible for providing a Status Report of this Program /Project no later than June 30, 2024. Please send your report and any attachments via email to info@nsgardenclub.org.