PROJECT

GRANT

APPLICATION

As a member or friend of the Garden Club of York, your ideas and input are a valued asset to the beautification projects and relationships we build with community not-for-profit partners – civic organizations, youth, and church groups – in building a blooming and environmentally "green" York. We are excited that you also recognize the positive impact that our club has had in making gardening more available to York residents, while presenting a welcoming and vibrant vision to those passing through our city. We appreciate your involvement as we strive to educate and work toward our Mission: *"To stimulate, educate and develop the spirit of gardening"* and to align with our Purpose:

- *To encourage interest in decorative flower and plant arrangement*
- *To promote interest in home and civic gardening*
- *To promote and preserve native plants, pollinators, and birds*
- *To encourage conservation of natural resources and environmental responsibility*

As a first step in determining if your suggestion would be a good fit for our club, please provide us with the following information regarding your proposed project. Proposals are limited to $5000.00 per year with the possibility of renewal two more times.

PROJECT GRANT APPLICATION INFORMATION

1. **Name of applicant:** _____

   Organization (if applicable): _____

   Address: _____

   Phone#: _____ **Mobile Phone#:** _____

   Email Address: _____

2. **Project Request Date:** _____

3. **Project Start Date:** _____ **Project Completion Date:** _____

4. **Description:**
   On a separate sheet, please write a description of the project and address each of the items listed on the following page (2).

NOTE: This information must be included with the application form and submitted by January 31st

a. Name of project.

b. Detailed description of the project.

c. How does the project fit the Mission and Purpose of The Garden Club of York? (see page 1)

d. Location of the project (be specific).

e. Who will be on the project committee?

f. Are other group(s) funding or working with the applicant? If yes, please name.

g. Who will benefit from the project and how do they benefit?

h. Project timeline (not to exceed one year).

i. Once the initial project is completed, what type of maintenance/follow-up will be needed and who will be responsible?

5. Please state the dollar amount you are requesting _____?

Funds requested require substantiation. Please save all your original receipts to submit when asking for your reimbursements.

Attach an itemized list of anticipated expenses (not to exceed $5,000) to the submitted application.

6. Signatures

Signature of Applicant: _____

Printed Name of Applicant: _____

Signature of Organization's Representative (if applicable): _____

Printed Name of Organization (if applicable): _____

Date: _____

PROJECT GRANT TIMELINE

• Application Due Date:	January 31
• Decision Made by:	February 15
• Applicant(s) Notified by:	March 1
• Project Effective Date:	As suggested by applicant
• End-of-Project Report Due:	December 1
• Reimbursements paid as receipts and Garden Club TAS forms are received. (Proof of delivery for online items is required.)	As agreed upon by GCY and the applicant

Applicants may scan/copy and submit this and any attachments to **gardenclubofyork@gmail.com** or mail it to Garden Club of York, PO Box 7079, York, 17404. Please refer any questions to that same online email address.

Applicants will be notified when the application has been reviewed, and the decision is made (refer to project timeline above). Treasurer's Accounting Slips (TAS forms) will be distributed at that time.

FOR GCY USE ONLY

Project Grant Review Summary

Date: _____

Project Name: _____

Project Accepted (circle)**:** **YES** **NO**

Assigned GCY Liaison: _____

Reason for Denial:

Signature of Project Grant Review Committee Chair: _____

Date: _____

Signature of GCY President: _____

Date: _____

FOR GCY USE ONLY

Date: _____ **Reviewer:** _____

Project Name: _____

****Rating Scale: 1(Low) to 3(High)*

	Yes	**No**	**Rate 1, 2, 3**	**Comments**
Items 1,2,3 are complete (page 1)				
4a is complete (page 2)				
4b is complete (page 2)				
4c is complete (page 2)				
4d is complete (page 2)				
4e is complete (page 2)				
4f is complete (page 2)				
4g is complete (page 2)				
4h is complete (page 2)				
4i is complete (page 2)				
Items 5 & 6 are complete (page 2)				
Totals				

Garden Club of York
Project Grant Program

End-of-Project Report

Today's Date _____

Name of Person
Submitting the Report _____

Name of Organization _____

Project Name _____

Date project began _____Date the project ended _____

Amount of money granted _____ Amount of money used _____

How was the money used?

Did everything go as planned? If not, please explain.

How will this project continue to benefit our community?

Now that you have gone through this GCY grant process, are there any improvements you would recommend to us?

When completed, please forward this report no later than December 1 to Elaine Yates, GCY Project Grant Program, PO Box 7079, York, PA 17404 or email it to elaine.yates12@gmail.com. Thank you!