

Snohomish County Master Gardener Foundation

# Community Garden Grant Application

Updated 3/3/2022

**PURPOSE of the Community Garden Grants Program:** In 2009, The Snohomish County Master Gardener Foundation (SCMGF) began funding a Community Garden Grants Program to provide financial assistance to community garden programs within Snohomish County.

**WHO is eligible to apply:** Any community garden within Snohomish County that complies with the Washington State University non-discrimination policy, which is stated at the end of this application, may apply. Applicants may apply to help establish a new community garden (garden establishment) or to support an existing community garden (garden enhancement/expansion). **Restrictions:** No more than two grants will be awarded to the same community garden within a five-year period; and previous grant recipients must wait a minimum of one year from the original award date before applying for a second grant.

**WHAT the grant can fund:** Grant funds may be used to fund tools, seeds, plants, and planting materials. Grant funds may **not** be used for salaries, labor, property purchase or rental; or for the construction or maintenance of permanent structures to include fences, tool sheds, and greenhouses; or for any expense not directly related to the garden project.

**AMOUNT of grant:** Individually determined, but because of budget considerations, grants rarely exceed \$1000.

**AWARD period:** Grant funds must be spent within one-year after receipt of funds, which is considered to be 10 days after the date on the award check. Any funds leftover after one-year must be returned to SCMGF.

**CRITERIA for awarding grants:** Any eligible community garden within Snohomish County may apply, but because of budget constraints, projects that demonstrate leadership development at the grass roots level, diversity, strong community support including matching contributions, and involvement and planning for long-term sustainability will be given priority. The project must also have a Snohomish County Master Gardener (MG) willing to act as a grant supervisor. If the applicant does not already have a MG willing to act as a supervisor, the SCMGF will attempt to find one. But as MGs are volunteers, the SCMGF cannot guarantee that one will be found. In such cases, the grant application will be denied. Decisions of the Snohomish County Master Gardener Foundation Board are final.

**APPLICATION process:** Applications for SCMGF community garden grants may be made at any time by filling out and submitting a current application form, which can be downloaded here:

<http://www.snomgf.org/community-garden-grants.html>

If current year grant funds are exhausted, the applicant will be notified and the grant application will be held over to the following year if the grant applicant wishes.

**QUESTIONS:** Send an e-mail to the below address with the subject line "SCMGF Community Garden Grant Question":

[SnoMGFoundation@yahoo.com](mailto:SnoMGFoundation@yahoo.com)

*Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office.*

## SCMGF Grant Application

**Please be legible and concise.** The application is available as a .doc file so that it can be filled out on a computer and it should be submitted as PDF file if at all possible. Incomplete, illegible or hard-to-read applications will not be considered.

Date: \_\_\_\_\_

Name of applying organization: \_\_\_\_\_

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone # of contact: \_\_\_\_\_

Email of contact: \_\_\_\_\_

Name of garden: \_\_\_\_\_

Street Address of Garden: \_\_\_\_\_

Is this a (check one):     New Garden     Existing Garden

Has this garden received a previous grant from the SCMGF?     YES     NO

If YES, what date was that grant awarded? \_\_\_\_\_

Amount of this funding request:        \$ \_\_\_\_\_

Total cost of this project:        \$ \_\_\_\_\_

Grant funds needed by (date): \_\_\_\_\_

Do you already have a WSU-Snohomish County Extension Master Gardener (MG) willing to supervise this grant?

\_\_\_\_\_ YES    \_\_\_\_\_ NO

If YES, who? \_\_\_\_\_

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***Please answer the following questions:***

1. What is the purpose of the project?
2. Whom will the project serve and how many will it serve?
3. Who will be involved in the project (organizations, people, volunteers etc.)?
4. Who will lead the project (include individuals actually supervising garden and work parties, etc.)?
5. What is the timeline of the project?
6. How will the project be maintained and supported in the future?
7. What materials will be required and how will they be obtained?
8. What other potential and actual sources of support are available for this project? (This should also be reflected in the attached budget).
9. Who are the collaborating partners/organizations?
10. How will the success of the project be monitored and measured? (Note that receipts, cancelled checks or other documentation of materials purchased with grant funds must be submitted as part of the “results” report.)
11. What other information do you wish to include as part of this request?

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In applying for a SCMGF Community Garden Grant on behalf of the above named organization, I certify that the above applying organization understands and agrees to the following:

1. Grant funds may be used to fund tools, seeds, plants, and planting materials. Grant funds may **not** be used for salaries, labor, property purchase or rental; or for the construction or maintenance of permanent structures to include fences, tool sheds, and greenhouses; or for any expense not directly related to the garden project.
2. Grant funds must be spent within one-year of the award date. Any funds leftover after one-year **must** be returned to SCMGF.
3. The WSU-Snohomish County Extension Master Gardener who has agreed to supervise the grant **must** approve all grant expenditures.
4. No grant will be awarded unless a WSU-Snohomish County Extension Volunteer Master Gardener (MG) agrees to supervise the grant.
5. **If a grant is awarded, the grant recipient must provide the SCMGF with a 'results' report at the end of the project but no later than 14 months after the grant award date, with attached documentation of expenses related to grant funding to include copies of all receipts. This report does not need to be more than two pages. Photographs or other attachments are welcome.**
6. In the event of any dispute regarding this grant request and/or grant award, the decision of the Snohomish County Master Gardener Foundation Board is final.

On behalf of the above named organization, I hereby apply for a SCMGF Community Garden Grant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

**ATTACH the following documentation to your Grant Application:**

- Detailed budget of the entire project showing matching partner contributions, both direct and indirect (required).
- A drawing or schematic site plan for the garden (required).
- Statement of Non-Discrimination, which is on last page of this application (required)
- Letter(s) or other documentation showing collaboration and/or support from other agencies or groups involved in the project (if available).

**SUBMIT your application and all supporting documents:**

Email to [SnoMGFoundation@yahoo.com](mailto:SnoMGFoundation@yahoo.com) with "SCMGF Garden Grant Request" in the subject line, or Mail to SCMGF Community Garden Grants, 6705 Puget Park Drive, Snohomish, WA 98296.

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### **Required Statement of Non-Discrimination**

The Washington State University-Snohomish County Extension Master Gardener Program provides educational assistance to all. We are supported by public funds and adhere to civil rights laws and regulations.

**We do not discriminate on the basis of race, sex, religion, age, color, creed, national or ethnic origin; physical, mental or sensory disability; marital status, sexual orientation, and status as a Vietnam-era or disabled veteran.**

We request that our partnering organizations also conform to an organizational policy pertaining to accessibility. Please confirm by your signature below that your organization has policies in place supporting non-discrimination regarding accessibility to the programs we provide for you.

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Signature

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Date

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Name and Title

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Name of Organization

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