

**JOHNSON COUNTY MASTER GARDENER ASSOCIATION
GRANT APPLICATION
2011**

PROJECT SUMMARY:

Project Title: _____
Address of Project Site _____
Total Proposed Project Budget _____ Amount Requested _____
Other Funding Sources _____

Continued Funding Sources, if applicable _____

Project Duration: From _____ To _____

Organization Name _____

Type of Organization _____

Address _____

City _____ State _____ Zip _____ County _____

Phone _____ Fax _____

Project Coordinator _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Brief Description of Project. Please limit to space provided

PROJECT DESCRIPTION:

Describe your project including these points:

1. 1. What are the short and long-term goals of the project?
2. How will the site be used? Which activities will most commonly occur? Include demographics such as number and age of people participating in development and construction of project and using the project upon completion.
3. Who was involved in the preparation of grant application? Who will be involved in the site preparation and planting? What age or grade level? How is the citizen community involved and affected?
4. How will the project enhance educational use of the area? Will it be used in school curricula?
5. How will the area be managed or maintained short term? Long term? Who will be responsible?
6. Who owns the project site? Describe their commitment to the project.
7. Briefly summarize qualifications of project coordinator. Describe applicant organization/school's commitment to the project. If the present project coordinator leaves, what will become of the project?
8. Itemized budget.

Use separate sheets, but limit to 3 pages.

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

AUTHORIZATION SIGNATURES:

If awarded a grant, I agree to acknowledge this funding source in any project publicity or printed materials and submit a final report and expense accounting within one year of the date of the award letter.

Project Coordinator Signature _____ Date _____

Printed Name _____ Title _____

I have reviewed the completed application and support this project. (Superintendent, Principal or Organization Official)

Approving Official Signature _____ Date _____

Printed Name _____ Title _____

Applications must be received by August 31, 2011.

Mail completed applications to:

Johnson County AgriLife Extension Office
Courthouse Annex
2 North Main Street, Ste. 309
Cleburne, TX 76033