



**LAKE COUNTY MASTER GARDENERS ASSOCIATION  
2019 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 \$500 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 (Failure to comply with all requirements will automatically void your application.)**

Please provide **3 PACKETS** of the following materials on or before **March 1, 2019**:

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, 2019**. 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 2019? \_\_\_\_\_

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? \_\_\_\_\_

**NOTE: Failure to comply with all requirements will automatically void your application.**

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

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

**Return Grant Application to: LCMGA GRANT COMMITTEE  
c/o Purdue Extension  
2293 N. Main Street  
Crown Point, IN 46307  
219-755-3240**