

# MASTER GARDENERS OF THE OZARKS GRANT APPLICATION FORM

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**GENERAL INFORMATION**

**This Grant Application is for:**

Gardening Project  Educational Conference  Other

**Amount requested:** \_\_\_\_\_ **Estimated cost:** \_\_\_\_\_

**PROJECT/TASK INFORMATION**

**Location:**

\_\_\_\_\_

**Site preparation timeline:** \_\_\_\_\_

**Projected starting date:** \_\_\_\_\_ **Projected completion date:** \_\_\_\_\_

**Size:** \_\_\_\_\_

**Attach photographs and sketches, if applicable**

**Number of people (or man hours) needed to accomplish desired outcome:** \_\_\_\_\_

**NARRATIVE**

**Project/Task Narrative:** Include objectives and procedures to accomplish the outcome desired and evaluation on completion (Use extra paper if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLANTS AND MATERIALS REQUIRED**

Check all Applicable to your project/task and attach a detailed plant and materials list with estimated costs.

Type of project	Materials required	Plant List
<input type="checkbox"/> Water	<input type="checkbox"/> Prepared soil	<input type="checkbox"/> Bushes
<input type="checkbox"/> Shade	<input type="checkbox"/> Forms	<input type="checkbox"/> Trees
<input type="checkbox"/> Sun	<input type="checkbox"/> Wood	<input type="checkbox"/> Perennials
<input type="checkbox"/> Sun/Shade	<input type="checkbox"/> Rocks	<input type="checkbox"/> Annuals
<input type="checkbox"/> Native	<input type="checkbox"/> Pavers	<input type="checkbox"/> Grasses
<input type="checkbox"/> Raised beds	<input type="checkbox"/> Sculpture	<input type="checkbox"/> Colors
<input type="checkbox"/> Theme	<input type="checkbox"/> Hardscape items (arbors, etc.)	
	<input type="checkbox"/> Mulch	

**A final report must be submitted to the MG's of the Ozarks one year following the receipt of the Grant Award Money.**

**Signature of applicant and contact information:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Email \_\_\_\_\_