

Extension Master GardenerSM Volunteers of Buncombe County 2019 School Garden Grants Application

Our vision: To grow gardeners!

Our mission is to provide monetary grants and support to public schools in Buncombe County that integrate gardening principles into the curriculum, connecting students to nature and leading to a healthy, sustainable community.

NOTE: *An Extension Master Gardener Volunteer (EMGV) can come to your school to assist in your planning for the grant application. This person can be available to you from beginning to end: forming and writing the application, supporting on-going needs, and providing a list of possible additional resources. Our primary focus as Master Gardener Volunteers is education!*

Applications due March 1, 2019

1. Name of School: _____

2. Mailing address: _____

City: _____ State: _____ Zip: _____

3. Contact: _____ School phone: _____

Position: _____ Other phone: _____

E-mail: _____

4. Secondary contact person: _____

Position: _____ School phone: _____

E-mail: _____

5. Which grant category are you applying for?

Elementary School _____

Middle School _____

Intermediate School _____

High School _____

After-School Program _____

Other (Please specify) _____

6. What will this project focus on? (Please check all that apply.)

- One classroom _____
- A grade level _____
- Whole school _____
- After school _____
- Shared (e.g., K-1, teacher +after school, etc.) _____
- School and community _____
- Other: (Please specify) _____

7. Does your program have a special emphasis? If yes, please check all that apply:

- Nutrition _____
- Service learning _____
- After-school only _____
- In-school only _____
- In- and after-school _____
- Multicultural _____
- Special needs population _____
- Environmental stewardship _____
- Family/school garden _____
- Other: (Please specify) _____

8. School Calendar:

- Traditional (Please provide dates of summer vacation) _____
- Year Round _____

9. Estimate the participants to be involved:

- Number of students _____
- Number of teachers/staff _____
- Number of parents _____
- Number of community members _____

10. Funds from this grant will be used to (check one):

- Establish a new garden _____
- Support/sustain an existing garden _____

11. Please describe your goals for the garden and how your program ties to your curriculum.

12. How do you plan to sustain your garden after the grant year?

13. Who will maintain the garden during school vacation periods?

14. PROPOSED BUDGET

See Guidelines for 2019 School Garden Grants for more information.

Amount requested _____ (Amount should match budget total.)

ITEM	NUMBER	AMOUNT

SUPPORTING INFORMATION

Use a separate sheet of paper for each item below. Please do not exceed *one page per item*. Be sure to include all three pages with your completed application form.

A. Project Overview: Please describe the youth who will participate, how they will be engaged in the garden, any innovative aspects of your program, and your ability to undertake this task. Indicate what work has been done to date toward implementing your plans. If you have an established garden program, please describe the benefits children have derived from their experiences.

B. Supporting Photos: Please arrange and attach a few photos that will help us to better understand your program, participants, and garden site. Captions are helpful. Please be sure that signed releases are on file for any person in the photo, child or adult.

C. Garden Map: Draw a map of your garden site that includes:

- 1) location and dimensions of gardens and/or raised beds,
- 2) location of walkways, roads, buildings, garden structures, and natural features, and
- 3) water source(s) and approximate distance from garden space.

Thank you for your application!

SIGNATURES

In signing this application, you confirm that if your school is chosen as a grant recipient, you will complete the evaluation document for the grant, along with all receipts and photos by October 30, 2019. Your description of how the grant funds were utilized will help us to gauge the effectiveness of the grants and to continue to support our local schools.

Teacher signature: _____ **Date:** _____

Print name of teacher: _____

Principal signature: _____ **Date:** _____

Print name of principal: _____

Print name of school secretary or bookkeeper: _____

Please indicate the person who will be responsible for the garden and grant evaluation information should the person receiving the grant leave the school.

Secondary responsible person: _____

Signature of secondary responsible person: _____

CONTACT INFORMATION

If you have any questions, please contact the Extension office at 828-255-5522. Selection criteria for the School Garden Grants Program can be found on the website listed below:

<https://www.buncombemastergardener.org/2019-school-garden-grants/>

Please mail your completed application to:

Extension Master Gardener Volunteers of Buncombe County
School Garden Grants Fund
49 Mt. Carmel Rd. Asheville, NC 28806

Recipients of our 2019 School Garden Grants will be notified by March 30, 2019.