2025 COCONINO MASTER GARDENER ASSOCIATION GRANT APPLICATION

Application Date: Click or tap to enter a date.

Project Title: Click or tap here to enter text.

Name of organization or group requesting funds:
☐Non Profit or ☐For-Profit Business

Address: Click or tap here to enter text.

Project Site Address (if different): Click or tap here to enter text.

Previous grant award years and amounts:

Year	Amount
Click or tap here to enter text.	$
Click or tap here to enter text.	$
Click or tap here to enter text.	$

Timeline

Applications due: Monday, April 7, 2025
Awardees contacted no later than Tuesday, April 15, 2025
Projects to be completed and funds spent by Friday, Nov 21, 2025
Final Reports with receipt copies due Monday, Dec 1, 2025
Give a presentation on outcomes at Jan, Feb, or Mar 2026 meeting

Name(s) and contact information for those responsible for the project:

Primary Contact	First & Last Name	Phone	Email
☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
☐	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Contact responsible for continued maintenance:

Name Click or tap here to enter text. Phone Click or tap here to enter text. Email Click or tap here to enter text.

Number of volunteers committed to this project Click or tap here to enter text.**:**
Names of Master Gardener members (if applicable) Click or tap here to enter text.

Purpose: ☐New Project ☐Maintain existing garden ☐Expansion/Enhancement of existing garden

Project description: (*Include a brief description, the reason for the project, and how an educational component will be included*

What direct education opportunities do you plan to implement? *(minimum of 1)*:

☐ Plan, Promote and conduct garden tours (estimated number of tours/participants)
☐ Engage volunteers in garden creation and maintenance
☐Provide gardening education for the public or group (estimated number) Click or tap here to enter text.
☐Produce and distribute educational materials ☐at site, ☐website(s), ☐classroom ☐other
☐Other: (describe) Click or tap here to enter text.

What size is your garden(s)?

☐Small (a few raised beds or small plot) ☐Medium (500 sq.feet or less) ☐Large (500 sq. ft./25x20)
☐ X-Large (550+ sq.ft.) ☐Ginormous(describe) Click or tap here to enter text.

Which of the following are part of your community garden project?

☐Trellis Gardening ☐Raised Beds ☐Community Plots ☐Youth Efforts ☐Garden Tours ☐ Container Gardening ☐ Volunteer Opportunities

Do you have a sustainable water source for your garden? ☐Yes ☐ No

Please explain Click or tap here to enter text.

Collaborators/Partners:

Contact Name	Phone/Email	Role in Project(funder, service, educator, etc).
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

Estimated start and finish date Start: Click or tap to enter a date. Complete: Click or tap to enter a date.

Complete the budget section to include overall project items, cost, other sources of funding if any, and the amount requested from the CMGA (Max of $500)

Total Project Budget: $_____ **Amount requested from CMGA:** $_____

Expense Description (lumber, containers, landscape fabric, hardware, mulch, equipment, starter plants, seeds, tools, irrigation supplies, paper/printing for handouts)	**Individual Cost $**	**Quantity**	**Total$**	**Project Expense $**	**Education Expense$**
Click or tap here to enter text.	$	Click or tap here to enter text.	$	$	$
Click or tap here to enter text.	$	Click or tap here to enter text.	$	$	$
Click or tap here to enter text.	$	Click or tap here to enter text.	$	$	$
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Click or tap here to enter text.	$	Click or tap here to enter text.	$	$	$
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Click or tap here to enter text.	$	Click or tap here to enter text.	$	$	$

PLEASE REMEMBER TO SAVE SCANNED RECEIPTS TO SUBMIT FOR YOUR GRANT REPORT!

Additional Funding Description	Funder Name	Description	Dollar Amount	Project Support	Education Support
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	$	☐	☐
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	$	☐	☐
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	$	☐	☐
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.	$	☐	☐