



Microgrant Application

A small grant program of Forsyth Community Gardening

Application revised October 2017

Overview and Background

Thank you for your interest in the Forsyth Community Gardening Microgrant Program! Microgrants support existing and developing community gardens that are located in, and/or engaging and benefiting, limited resource communities within Forsyth County. Microgrants of up to \$1000 are awarded to community garden groups. Funds should be used for specific projects designed to ensure the *long-term* sustainability of the garden, and enhance its impact on community nutrition, environmental quality, and/or social well-being.

To learn if your group is eligible for a microgrant *and* for guidelines on developing your project, **please review the Microgrant Program Description and Guidelines, available on the Forsyth Community Gardening website at: <http://tinyurl.com/FCGMicrogrants>**. Please note that starting in Fall 2016, if you have been awarded a FCG microgrant in the past, you are not eligible to apply again until 2 years after the last microgrant was awarded.

Applications are accepted once per year: from **late November 15 - early January**, with site visits in **early- to mid-January** and awards announced by **February 15**. For exact dates each year, please subscribe to FCG's monthly newsletter at: <http://tinyurl.com/FCGBulletinBoard>.

Applying for a Microgrant

Once you have reviewed the Microgrant Program Description and Guidelines and determined that your group is eligible, please **download this form** to fill in your group's information. (You must download the form to fill it out and save the completed form.) There are four sections:

- Project Leadership Team
- Community Garden Information
- Proposed Project and Expected Results
- Budget

Please save the completed form with your garden's name in the file name (e.g., "Garden Name Microgrant Application") and email it to Megan Gregory at: gregormm@forsyth.cc. If you have questions or need assistance completing your application, please contact Megan at gregormm@forsyth.cc or 336-705-8823.

The Forsyth Community Gardening Microgrant Committee will review your application and contact you to schedule a site visit if your group is a finalist.

Microgrant Application

Project Leadership Team

Name of community garden group applying for microgrant: _____

Primary Contact Person: _____

Title or role within the group: _____

Length of time involved with group: _____

Address: _____

Phone: _____ Email: _____

Are you a Community Garden Mentor through Forsyth Community Gardening? (select one):

Yes No

If not, would you like information about the program? (select one):

Yes No

Please list three *additional* people who are members of this community garden group and are committed to assisting with the proposed project:

1. Name: _____

Title or role within the group: _____

Length of time involved with group: _____

Address: _____

Phone: _____ Email: _____

2. Name: _____

Title or role within the group: _____

Length of time involved with group: _____

Address: _____

Phone: _____ Email: _____

3. Name: _____

Title or role within the group: _____

Length of time involved with group: _____

Address: _____

Phone: _____ Email: _____

Community Garden Information

*All groups should answer the following questions. For proposed gardens, please answer as accurately as possible based on what is planned for the garden **and** can be reasonably expected based on your current organizing efforts (which should be well along by the time of applying for a grant).*

1. Is this an existing or proposed community garden? (select one):

Existing

Proposed

2. Physical address of community garden, including county:

3. What is the community garden's mission? (If you need guidance developing a garden mission statement with your group, please see the worksheet at: <http://tinyurl.com/FCGGardenMission>.)

4. What other partners does the garden have, if any? Please be as specific as possible.

5. How many people regularly participate (or have committed to regularly participate) in gardening activities each season?

Adults (over 18): _____

Youth (12 – 18): _____

Children (under 12): _____

Proposed Project and Expected Results

1. Project Overview: Please describe the project(s) for which microgrant funds will be used. Include what activities you will carry out and a timeline of when you expect to complete each activity.

2. Project Goals and Expected Impacts: Describe the expected short- and long-term goals or impacts of your project. What will change for the community garden, and the broader community, if you receive a microgrant?

3. Project Sustainability Plan: How do you plan to sustain and share the benefits of your project? (For example: If you request training, how will you put new learning into practice? If you request materials for a new garden, how will gardeners obtain seeds, plants, and supplies each year to make full use of the space? If you request infrastructure or perennial plantings, how will you maintain them?)

4. Evaluation and Reporting: The FCG Microgrant recipients are required to submit a report and photos documenting the progress and impacts of their projects within 6 months of receiving funds. Please indicate how you will monitor project impacts (i.e., what information will you collect to know if you are reaching your goals?), who will prepare the report, and what information you will include. We do *not* expect you to achieve all your goals in 6 months, but would like to see progress!

Budget: Please fill in the budget below *or* attach a complete, itemized budget for your project.

MICROGRANT FUNDING -- Services or materials that will be purchased with microgrant funds.

Budget Line Item	# needed	Unit Cost (\$)	Total Cost (\$)
TOTAL MICROGRANT FUNDING REQUESTED			

COMMUNITY CONTRIBUTION -- Services and materials that will be contributed by garden members and the surrounding community.

Budget Line Item	# secured	Unit Value (\$)	Total Value (\$)
TOTAL COMMUNITY CONTRIBUTION			