Logo

Description automatically generated**The Garden Clubs of Mississippi, Inc.**

**Garden Therapy Grant**

**GUIDELINES**

**The Garden Clubs of Mississippi, Inc. GARDEN THERAPY GRANT(S) is a matching grant and may be awarded to a club or council for a garden therapy project within their community.**

1. Garden therapy project is to be sponsored by a Member Club or Council.
2. Member Club or Council may receive up to $500.00 per garden therapy project. Applicants may not receive more than $500.00 per GCM fiscal year.
3. This is a matching grant (in-kind donations accepted – see details on back).
4. Must be submitted by postal mail or email by **January 31**. Winner will be notified by Feb. 15.

**Application has a 2-page maximum, front and back, and must include the following: (Application can be found on the GCM website.)**

1. Project proposal – beginning and expected completion date, if applicable.
2. Description – location of project with list of materials needed.
3. Description of the garden therapy project emphasizing how physically challenged or learning disabled and/or shut-ins will receive noteworthy benefit.
4. Proposed budget including estimated, itemized cost of project. Include any other financial support, donations, and in-kind service. (\*In-kind listing on back of page)
5. Other organizations that may be involved in the project.

**APPLICATION FORM**

**Application date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Project date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applying club name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No. of Members in Club\_\_\_\_\_\_\_**

**Contact information (name, email, phone #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Project chairman (if different from above – name, email, phone #)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email or mail completed application to:**

Sheryl Wagers **Email**: [smwagers@icloud.com](mailto:smwagers@icloud.com)

67181 Diamondhead Dr E **Cell** : 504-619-5914

Diamondhead MS 38671

**Deadline: January 31**

**\*MATCHING IN-KIND GRANT**

* In-kind – nonmonetary donations are donations of goods, services, or time
* Goods, example: topsoil, mulch, timbers, fertilizer, plants, etc. Garden features: birdbaths and feeders, benches, etc.
* Services or labor or the use of equipment
* Time – City, county workers or other non-club members that provide a service

**JUDGING INFORMATION**

1. All applications are reviewed by the GCM Garden Therapy Chairman
2. Judging is based on the information contained in the application.
3. Judging is based on the following Scale of Points

Benefit to targeted group 50

Impact and scope of project 20

Involvement and participation by club members 10

Collaboration with other community groups 10

Application form complete 10

**TOTAL 100**

**FINAL REPORT**

Within two months of project completion, please submit the following:

1. A short one-page report describing the project, including photos
2. A copy of the final financial report, including all income and expenses
3. A copy of any publicity