

HUDSON GARDEN CLUB
P.O. BOX 651
HUDSON OHIO 44236
info@hudsongardenclub.org

Hudson Garden Club Grant Application

APPLICATION MUST BE POSTMARKED BY NOVEMBER 1
(Please mail well in advance)

Organization or
Individual _____ Date _____

Answer completely, but please limit your response to one or two paragraphs per question.

1. What is the amount requested?
2. How would a grant in this amount be used?
3. How was this amount determined? (For example: one or more quotes/estimates for work to be done, price of a textbook, retail/wholesale prices, cost of one scholarship, etc.)
4. What is the total cost for this program/project if different from the requested amount?
5. What would you do if you received only partial funding?
6. Describe briefly how your organization/project fulfills one or more of the purposes of the Hudson Garden Club. *The Club is a non-profit civic organization whose purpose is the improvement of the community (1) by spreading knowledge and love of gardening through its members; (2) by undertaking projects for the beautification of public property*; and (3) by supporting education in horticulture and related fields. (*Public property is defined as publicly owned, not just visible or accessible to the public.)*
7. What is the goal or desired outcome of this project/program?
8. How many people do you estimate will benefit from your project/program?
9. How will you know if your project/program is successful, i.e., what are your criteria of success?
10. If this project requires upkeep (such as a garden), how will you keep it maintained?
11. List any other proposed sources of funding for this program/project. Have you contacted anyone else?
12. If you receive funding for this project, how will you demonstrate its completion and give follow-up information to Hudson Garden Club. (follow-up is required)

13.If this grant will be used by an organization, please include a financial statement or annual report that includes the grand total of your budget for the present fiscal year. If applicable, attach some proof of tax-exempt not-for-profit status. Please include any additional information that the committee would find helpful in reviewing your request.

Signed _____ Position _____

Address _____

Phone: _____ E-mail: _____

Fax: _____