

2009-2010 C-U HERB SOCIETY GRANT APPLICATION FORM

You may submit an application at any time

Name of Applicant:

School or School Organization

Address/City/Zip

Phone Number

Project Coordinator

Name

Address/City/Zip

Phone Number

Describe the Proposed Project by addressing each of the following items:

1. Description of Garden to be established/enhanced.
2. Description of Project Budget.
3. Description of how the Garden will be maintained during the school year and in subsequent years.
4. Description of how the Garden will enhance educational use of the area.
5. Upon completion submit photographs of various stages of the Garden Project.

Applicant Signature: _____ Date: _____

Official Applicant Approval: _____
Signature of Principal or Organization Official

Grant recipients will be notified within 15 days following receipt of application.