



MASTER GARDENERS
"Helping Others Grow"

LAKE COUNTY MASTER GARDENERS ASSOCIATION
"HELPING OTHERS GROW"
2025 Grant Application

Name of Applicant (Contact Person)

Name of Group/Organization

Street Address

Street Address

City, State, Zip

City, State, Zip

Telephone

Telephone

E-mail

E-mail

The purpose of the Lake County Master Gardeners Association's (LCMGA) Grant Program is to promote the objectives of the organization by providing grants from \$200 to \$600 within the borders of Lake County, Indiana. Awards are dependent on funds available and the number of applicants during any given award year.

Grant Eligibility/Requirements

- Place/location must be in Lake County, Indiana.
- An educational aspect is preferred, but not required.
- There may be RESTRICTIONS as to how many times an applicant can request a grant.
- Periodic progress reports submitted to the LCMGA. (Grant committee members may do onsite visits.)

Application Process (Failure to comply with all requirements will automatically void your application.)

Please provide **ONE (1) PACKET** of the following materials on or before **March 1, 2025**:

1. This completed Application Form.
2. List of your organization's Officers and Board of Directors, if applicable.
3. Recent financial audit or year-end financial statement, if applicable.
4. Copy of 501(c)(3) tax exemption ruling from the Internal Revenue Service, if applicable.
5. Letter of commitment as to how the proposed project will be maintained throughout each year. School applicants must provide a plan for summer maintenance.
6. Picture of the project location.

You will receive a response from the grant committee, in writing, on or before **April 1, 2025**. Fifty per cent (50%) of the requested grant will be provided upon the affirmative vote of the grant committee; the remaining fifty percent (50%) will be provided after a committee-approved progress report, **which is due on June 1, 2025. If your project has not been started by June 1, 2025, the first grant award check must be refunded.**

ADDITIONAL INFORMATION REQUIRED

Project Description

Please describe in detail the project you are proposing and its purpose. Be sure to include who will benefit from the project. Please provide the location of the project if different from the organization's address. You may attach additional sheets as needed.

Project Cost/Materials

Please provide a list of prices and materials needed for the project. Attach additional sheets as needed.

What is the total cost (proposed budget) of this project? _____
(Labor is not included.)

How much money are you requesting from the LCMGA? _____

Do you have other funding to complete this project? _____

If yes, what is the source of this funding? _____

Date of Project Completion

Will this project be completed in 2025? _____

If not, when will it be completed? _____

Who will be responsible for maintenance of this project once it is completed? (Name and contact number needed.) _____

In what manner will you publicly acknowledge the Lake County Master Gardeners Association's contribution towards this project? _____

NOTE: Failure to comply with ALL requirements will automatically void your application.

I certify that all the above information is true and correct. I agree that the LCMGA may use this information for purposes of news and publicity in all media, including but not limited to print and electronic media, websites, social media and video presentations.

Date: _____

Signature of Applicant

Printed Name of Applicant

Please forward the Grant Application electronically to lesliewychocki@yahoo.com or by U.S. Mail to LCMGA GRANT COMMITTEE, c/o Purdue Extension, 2293 N. Main Street, Crown Point, IN. 46307. (219-755-3240)

