

**Buncombe County Master Gardeners
School Garden Grants Application for 2013-2014**

Mission Statement: The primary mandate of the Buncombe County Extension Master Gardeners is education in the areas of horticulture and environmental stewardship. This grant is to be used to sustain or create school gardens and must be used for applied, "hands-on" student activities.

Examples for appropriate grant supplies are seeds, plants, bulbs, soil conditioners, amendments, protective coverings, stakes, tools, etc.

Master Gardeners are available to assist teachers and to provide resources for the development of the school gardens.

Applications due: **April 30, 2013**

1. Name of School:

2. Mailing Address: _____

City: _____, State: _____, Zip: _____

3. Contact: _____ Phone: School _____

Position: _____ Phone: Other _____

4. E-mail Address: _____

5. Which grant category are you applying for? ___ High School ___ Elementary School
___ Middle School, ___ Intermediate School ___ After School ___ Other:
(specify) _____

6. Will this project focus on:

- One classroom ___
- A grade level ___
- Whole school ___
- After school ___
- Shared (eg. K-1, teacher +after school, etc.): ___
- School and community ___
- Other: ___ (specify)

7. Does your program have special emphasis? If yes, please check all that apply:

___ Nutrition, ___ Service learning, ___ After-School Only, ___ In-School Only,
___ In- & After-School, ___ Multicultural, ___ Special needs population,
___ Environmental stewardship, ___ Family/school garden, ___ Other: (specify)

SUPPORTING INFORMATION

Use a separate sheet of paper for each item below. Please do not exceed one page per item. Be sure to include all three pages with your completed application form.

A. Project Overview

Please describe the youth who will participate, how they will be engaged in the garden, any innovative aspects of your program, and your ability to undertake this task. Indicate what work has been done to date toward implementing your plans. If you have an established garden program, please describe the benefits children have derived from their experiences. (One page only)

B. Supporting Photos

Please arrange and attach a few photos that will help us to better understand your program, participants, and garden site. Captions are helpful. (One page only.) ***Please be sure that signed releases are on file for any person in the photo, child or adult.***

C. Garden Map

Draw a map of your garden site that includes: 1) location and dimensions of gardens and/or raised beds, and 2) location of walkways, roads, buildings, garden structures, and natural features (3) **water source(s)** and approximate distance from garden space (One page only).

In signing this application, you confirm that if your school is chosen as a grant recipient, you will complete the evaluation document for the grant, along with all receipts and photos by May 31, 2014. Your description of how the grant funds were utilized will help us to gauge the effectiveness of the grants and to continue to support our local schools.

Teacher Signature: _____ **Date:** _____

Teacher Print: _____

Principal Signature: _____ **Date:** _____

Principal Print: _____

Please indicate the person who will be responsible for the garden and grant evaluation information should the person receiving the grant leave the school.

Secondary Responsible Person: _____

Signature of Secondary Responsible Person: _____

If you have any questions please contact the Extension Office at 255-5522 or you can go to the website below to find Selection Criteria for School Grants Program:

<http://buncombe.ces.ncsu.edu/2013/02/selection-criteria-for-school-grants-program/>

Please mail information to: Buncombe County Extension Master Gardeners
School Garden Grant Fund
94 Coxe Avenue
Asheville, NC 28801

Recipients of our school garden grants will be notified by **June 1, 2013**