

Master Gardener Foundation of Clark County
Grant Application Cover Sheet

Applications are due October 15th

PROJECT INFORMATION

Name of Project: _____

Organization Name: _____

Organization Address: _____

City, State, Zip: _____

Total Project Budget: \$ _____

Amount requested from MGFCC: \$ _____

Project Site Address:
(if different) _____

City, State, Zip: _____

PRIMARY CONTACT INFORMATION

Contact's Name: _____

Contact's Title: _____

Contact's Phone No.: _____

Contact's Email address: _____

I understand receipts are required for reimbursement and must be received at the Foundation office on or before November 15th. I understand I must obtain approval from the Foundation Board BEFORE incurring expenses above and beyond the approved budget.

***** Attach narrative with supporting information (see Grant standards document on www.mgfcc.com/grants.html for grant requirements) *****

Signature: _____ **Date:** _____

FOR OFFICE USE ONLY

Amount Approved: _____ Date Approved: _____

Comments: _____

Foundation Board Signature: _____