

GROWING FRIENDS OF HELENA GRANT PROGRAM APPLICATION

Name of Organization: _____

Address: _____

Contact person: _____ Phone: _____

E-mail: _____

Project Title: _____

Planting Location: _____

Amount Requested from Growing Friends: _____

Estimated Planting Dates: _____

Describe the proposed project (include plant species) and site. Include plan for water and expected cost of the water system. Attach a copy of the landscape plan with watering plan. The use of native trees and shrubs is encouraged.

Explain how the proposed project helps fulfill Growing Friends' goals and satisfies its planting project criteria (see Grant Program Guidelines)

Total project cost: _____ Attach a copy of the project's proposed budget. Budget should include cost and size of each plant variety, cost of watering system, and other incidental costs.

Send completed application materials to: Growing Friends, P.O. Box 709, Helena, MT 59624

For more information contact the chair of the Grant Committee:

Nancy Nicholson, 443-5761 nenicholson@gmail.com

Note: Application materials will not be returned.

02/09