

**APPLICATION**  
**CABARRUS COUNTY EXTENSION MASTER GARDENER VOLUNTEER ASSOCIATION**  
**DAVID GOFORTH GRANTS PROGRAM**

*Applications must be typewritten or printed clearly.*

Name of project: \_\_\_\_\_

Estimated budget of project: \_\_\_\_\_ Amount requested from MGVA \_\_\_\_\_

Organization/School name \_\_\_\_\_

Address \_\_\_\_\_

Is this a non-profit organization? \_\_\_\_\_

Address of project if different from address above \_\_\_\_\_

Grant contact \_\_\_\_\_ Title \_\_\_\_\_

Phone number of grant contact \_\_\_\_\_

Email address of grant contact \_\_\_\_\_

Check to be made payable to \_\_\_\_\_  
(Checks cannot be made to an individual)

Address for grant check \_\_\_\_\_

Anticipated date of completion \_\_\_\_\_

How did you hear about the MGVA grants program?  
\_\_\_\_\_

Has your organization/school applied for a MGVA grant before? If so, when?

The MGVA may be able to provide a Master Gardener Volunteer to serve as a liaison for your project and to provide suggestions when requested. Would you like this service? \_\_\_ Yes \_\_\_ No

If you know a Master Gardener Volunteer who you would like as a liaison, please give us his or her name  
\_\_\_\_\_

On a separate piece of paper, please answer the following questions:

- What are the goals of your project?
- Is your project new or ongoing?
- What is the group to be served by the project?
- Who has the expertise to guide the project?
- Describe any work that has already been done and plans for long term maintenance of the project.
- What is the time line for the project?
- What specific materials, supplies, and/or labor will be needed and the approximate cost?
- Describe any method and/or materials you have incorporated to encourage pollinators to your project.
- Describe any native plants that you are incorporating into your project.
- What other funding sources will you have for the project?
- How will you measure the effectiveness of your project?

I have reviewed the application and assume responsibility for the expenditure of any funding received from the MGVA.

Signature of grant contact \_\_\_\_\_ Date \_\_\_\_\_

**Mail application to MGVA Grants Program, Cabarrus County Extension Office, 715 Cabarrus Avenue-West, Concord, NC 28027**

Revised 12/20/2015