

Application

Please fill out each section to the best of your ability and email the completed document and any questions you may have to Lydia Sakowski at lydia.sakowski@montana.edu.

Master Gardener Primary Applicant First & Last Name:

Master Gardener Primary Applicant Phone Number:

Master Gardener Primary Applicant Email:

Local Extension Agent First & Last Name:

Local Extension Agent Email:

Name of Counties/Reservations Involved:

Produce Recipient Agency Name(s) (This is the name of the site(s) receiving donated produce):

Produce Recipient Agency Staff First & Last Name(s) and Email Addresses/Phone Numbers (This is the name of the main contact(s) at the site(s) receiving the produce):

Project Description:

Growing Together Montana (GTMT) Project Description (Describe how this project will increase access to fresh produce for Montanans with low income. Please be sure to include how nutrition education will be included. Additionally, describe your overall plan for the 2021 growing season. A complete plan will include a general timeline, types of produce planned, approximate size of garden, estimated lbs of produce to be grown, plan for transporting food to the food bank/pantry, and any other relevant details for your project):

What are the measurable goals of this GTMT project? Make sure your goals are SMART (specific, measurable, achievable, and realistic in the time given). Maximum of five goals. (SMART goal example: Sprouts County Extension will partner with Stalk Elementary School in Brussels to break ground on a donation garden on school property before the end of the spring semester (May 20, 2021.)

Goal 1:

Goal 2:

Goal 3:

Goal 4:

Goal 5:

What is the address of the garden? Include a GPS location if possible. If exact address isn't known, include possible location site (i.e. local school, Extension office, etc.)

If applicable, please describe any existing garden infrastructure (ex. raised beds, garden shed, tools, irrigation, etc.)

Please list all partners (individual people or community organizations) who support this project. This could include a partner who provides space for the garden or who provided their time/resources to the garden, local media, a group that helps with produce pick up and distribution, etc.

Please list any additional sources of funding for this project (if applicable).

How much money are you requesting for this project? Grants are up to \$2,000.

Please list each item that you would be purchasing with GTMT grant funds, as well as the expected cost and a brief explanation of the purpose of each item. (Ex. Soil: \$100.00, needed for filling raised beds) Refer to the Allowable/Unallowable Expense table in the Application Overview if you are unsure if an item can be purchased with grant funds. Be sure to budget carefully, as it is expected that all funds awarded will be spent.

Will any part of this project continue beyond the end of the grant cycle? For example, if you plan to use grant funds to purchase materials to add infrastructure (ex. lumber for raised beds) please briefly explain long term plans to use this infrastructure for produce donations after the conclusion of the grant year.