



Community Gardens Program

Garden Funding Application

P.O. Box 6250
San Antonio, TX 78209
(210) 222-8430

www.greenspacesalliance.org
angela@greenspacesalliance.org

Name of Group Applying & Name of Garden:

Mailing address for group: _____

Use additional paper as needed throughout the application.

Primary Contact Person

Name: _____ E-mail: _____

Telephone: _____ Home Address: _____

Core Members minimum five (5) individuals unrelated by family or employment

Provide names and personal contact information.

1. _____
name home address telephone email

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

Use more paper for additional members.

Site Description Attach photos of proposed site.

Address of property: _____

Provide map of neighborhood. And indicate location of garden and members' homes.

Property Owner's Name: _____

Owner's Mailing Address: _____

Owner's Telephone: _____ Owner's E-mail: _____

Has an arrangement been made to use site as garden for minimum 5 years? ____

How many years? ____ Attach copy of use agreement between landowner and the garden group.

Purpose Statements

Use additional paper to respond to each of the following.

1. Describe your garden layout and components. And attach a sketch of the garden plan.

2. What need(s) does/will this garden fill in the neighborhood?

3. Describe the plan for maintaining the garden and membership for at least 5 years.

Project Resources

1. How do you plan to get people to work with you on this project, both in the garden and for related garden support? __Flyers to houses __Garden sign and neighborhood posting board
____Community meetings ____Notices in local publications/newsletters/e-blasts
____Schedule workdays and serve food Other: _____

2. Which core members have what experience or education to prepare you for community gardening? _____

3. What other organizations have committed to help you in the future with donations, design, labor, etc.? (list by name) _____COSA (city council) _____ neighborhood association/HOA
____Volunteer Gardeners of America _____ Master Naturalists _____Master Gardeners

Civic Groups _____

Student Organizations _____

Businesses _____

Others _____

4. What donations from organizations and neighborhood businesses have you asked for or expect to receive? Indicate source.

Volunteers: _____

Money: \$ _____

Materials: _____

Other: _____

Letters of Support Attach at least three (3) letters from residents adjacent to or facing on the garden site. See guidelines.

Timetable Attach timetable including milestones/completion dates for all garden components. See guidelines.

Budget Attach budget. Use ONLY provided spreadsheets.

Amount requested in this application: \$ _____

Signature: _____ **Print:** _____

Date: _____