



# GCG Garden Therapy Matching Grant Program



## Guidelines

**1. GCG Garden Therapy Grant Program** shall exist for the purpose of funding horticultural therapy projects sponsored by or conducted by member garden clubs, groups of clubs, councils or districts of GCG, which provide hands on gardening activities to residents of or members of Veterans Hospitals, Nursing Homes, Assisted Living facilities, Senior Centers, Regional Psychiatric Hospitals, Boys/Girls Clubs or other worthwhile organizations. These projects shall be defined as any project whereby the resident/member is/will be actively involved in the actual gardening project or floral arranging. It is not meant to fund a professionally landscaped garden at a hospital or other institution. However, installing raised beds or elevated gardens for the handicapped, purchasing indoor mini-greenhouses, supplies for gardening activities, etc. - any project that will eventually provide hands on gardening participation by the resident/member, will be considered. Garden Club members are encouraged to, but not required to participate physically; the staff at a facility can lead the activity. But the sponsoring group needs to provide oversight, monitor the use of the funds, make sure the project is completed as planned, and provide verification back to GCG that the monies were spent as stipulated. A member garden club, groups of clubs, or council/district, shall be eligible to apply for one grant annually [maximum \$250], based on the GCG fiscal year of May 1 to April 30. Matching funds, and proof thereof, is required. The required matching funds must be in the form of money or in-kind services (such as donated supplies or plants/seeds). Volunteer labor (either from club members or others) may not be counted towards the matching funds requirement. While matching funds may come from the treasury of the applicant, they are urged to seek donations from other non-profit service organizations and community groups, thereby spreading awareness of garden club work. For example, a garden club may budget \$150 from their treasury for the project, and another local organization may contribute \$100, thereby raising the required matching funds. The member club/council may then apply for a \$250 grant from the Garden Therapy Fund. Smaller projects of \$50-\$100 are also most worthwhile and appreciated by the institutions.

GT grants are available for proposed projects. In order to be considered for funding, the applicant shall submit the GT Grant Application approximately 2 months before the project is planned to begin. This application can be obtained from the state chairmen, or is available on the GCG website. It should be completed and both emailed and a printed copy mailed to:

**GARDEN THERAPY CHAIRMAN - PEGGY TUCKER**  
1848 MT OLIVET RD  
HARTWELL, GA 30643

**706-376-8241**  
**wotucker@hartcom.net**

The GT Committee will review applications as they are received throughout the year. They will notify clubs of the project's approval, or request additional information. Checks will be issued by the GCG Treasurer.

Please direct all questions about the **GT grant program** to the above State Chairman. Applications must be accompanied by a **Proposed Project Financial Statement**, including proof of other matching funds, or donations of goods/services. An example of necessary financial information is an addendum to this document.

**2.** The committee is accepting applications for the current GCG fiscal year (MAY 1st through APR 30th,) Completed projects, begun prior to MAY 1st, are ineligible. The deadline for applications for the current fiscal year is APR 1<sup>st</sup>. Applications received later in April will be considered for the next fiscal year. GT grant funds are limited, and will be awarded to qualified applicants, as applications are received throughout the year, and for so long as funds are available. Clubs should apply approximately 2 months before the project is planned to begin..

**3.** Clubs/councils/districts receiving funds (hereinafter, known as grantees) for *proposed* projects, are expected to complete their projects within **four (4) months of receiving our check**. Unused monies must be returned to GCG. Please do not apply for a grant if you are not ready to proceed. Send photographs, proof of expenditures, and any news coverage of the completed project to the GCG GT Chairman. Grantees are **strongly encouraged** to apply for state awards in the appropriate categories, and are requested to list, as part of the brief description of their project application, which GCG awards they intend to pursue. See the on-line GCG *Guide*, for complete information about award opportunities.



# Grant Application for Garden Therapy Project



Date \_\_\_\_\_

Name of Club (or Council/District) \_\_\_\_\_ Club # \_\_\_\_\_

Name of 2<sup>nd</sup> Club \_\_\_\_\_ Club # \_\_\_\_\_

Name of 3<sup>rd</sup> Club \_\_\_\_\_ Club # \_\_\_\_\_

City \_\_\_\_\_ District \_\_\_\_\_

Name of President \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

Project Contact \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City, State ZIP \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

*On behalf of my group, I hereby certify that my Club/Council/District is a member in good standing of GCG, that we agree to all guidelines for this grant program, and that we pledge to utilize the grant funds for the stated purpose or agree to return said funds to GCG within 5 months from issue date of check. **Thank you for your garden club work. Your community pride is showing!***

X

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Give a brief summary of project, and attach **Proposed Project Financial Statement**. Include information about the GCG awards for which you plan to apply. See #2 in Guidelines for application dates.

Send completed application packets to:  
**GARDEN THERAPY CHAIRMAN - PEGGY TUCKER**  
1848 MT OLIVET RD 706-376-8241  
HARTWELL 30643 [wotucker@hartcom.net](mailto:wotucker@hartcom.net)  
Also email the completed application to the Chairman



# GCG - Garden Therapy Project Proposed Project Financial Statement



Date Prepared: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Prepared by: \_\_\_\_\_ Title \_\_\_\_\_

Contact info: email address: \_\_\_\_\_

or phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Project Name: \_\_\_\_\_

Garden Club/Council/District \_\_\_\_\_ Club # \_\_\_\_\_

**Source of Funds- include copies of checks from other sources  
or letters of intent** **Amount**

<b>TOTAL</b>	

**Proposed Expenses – Itemize** **Amount**

<b>TOTAL</b>	

**Amount requested from the GCG Garden Therapy Fund**      \$ \_\_\_\_\_  
(Maximum \$250.00)

X  
 \_\_\_\_\_  
 Signature Title Date

*Note: The check from GCG is made payable to the garden club, council or district - not to an individual or a hospital/nursing home/other organization, and must be negotiated within 45 days.*

## Addendum

### GCG Garden Therapy - MEDIA ADVISORY (suggested example)

Grantees may seek news media attention for their funded project. Use the media advisory example below, to guide you in preparing your statement. Contact your local newspaper office and ask them to take a photo and run a story about your project. And then send a copy of your media advisory and any resulting news media attention to the GT Chairman.

The \_\_\_\_\_ (club, council or district name) announces they received (or will receive) a matching grant from the Garden Club of Georgia, Inc. to fund their \_\_\_\_\_ project. The \_\_\_\_\_ (club or council) is a member club of the \_\_\_\_\_ District of The Garden Club of Georgia, Inc. and the Deep South Region of National Garden Clubs, Inc.

The *GCG Garden Therapy Grant Fund* was established by The Garden Club of Georgia, to encourage local garden clubs to actively participate in Garden Therapy Projects in their communities. The Garden Club of Georgia was founded in 1928, and its mission is to promote *Beautification, Conservation, and Education*.

(If appropriate) The required matching funds to qualify for the grant were provided by \_\_\_\_\_ (ex. Rotary Club, county government, etc).

(Brief Description of the project) \_\_\_\_\_

For additional information contact: \_\_\_\_\_  
(Club member name and contact info)

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### SAMPLE funding information to use on Proposed Financial Statement:

#### Source of Funds

Matching funds from _____ Garden Club	\$100.00
Matching funds from Optimist Club (copy of their check attached)	100.00
Home Depot (Letter showing intent to donate soil)	50.00
GCG Garden Therapy Fund grant request	<u>\$250.00</u>

**TOTAL** **\$500.00**

#### Proposed Expenses

Lumber/supplies for raised beds	\$150.00
Purchased soil	\$100.00
Donated Potting Soil	\$ 50.00
Plant material	<u>\$200.00</u>

**TOTAL Proposed Expenses** **\$500.00**