



Community Growth Grant Guidelines

The Tampa Garden Club provides grants to non-profit organizations in Hillsborough County to provide financial support of projects that complement our community priorities. Our priorities include:

- Stimulating an awareness and interest in the value of gardening
- Preserving our community's green space and natural resources
- Educating the public on environmental and beautification concerns

The maximum grant shall be \$1,000.

Eligibility

The following organizations will be eligible: non-profit 501(c)3 organizations, recognized civic associations, schools or faith-based organizations. The organization must have existed in the Tampa area for at least one year.

- Any agency receiving money from this grant cannot reapply the subsequent fiscal year. Any agency program not approved may reapply at any time.
- Requests for funding for the following will not be considered:
 - An individual's project
 - Religious teachings or instruction
 - Travel expenses
 - Transportation
 - Capital Campaigns
 - Salaries of regular or part-time employees
 - Insurance
 - Advertising or marketing
 - Tuition

Application Timing:

- Written applications are due by October 1st.
- Initial screenings of written applications received will be conducted by October 15th. Applicants that pass the initial screening may be contacted by October 15th

to schedule an evaluative site visit. Final approval of grants will be completed by October 30th. Grant funds will be distributed immediately following that.

- Grant recipients are required to submit final accounting of actual expenses and expend all funds by April 30th. Any remaining grant money not used by April 30th must be returned to the Tampa Garden Club and accompany the final report.

Original written applications and Certification Forms, with two additional copies, should be submitted to: Grant Committee Chairman; The Tampa Garden Club, 2629 Bayshore Boulevard, Tampa, FL 33629

Questions, please contact the Grant Chairman at tampagardenclub@gmail.com.



Name of Organization:

Project/Program for which funds requested: _____

Contact Person: _____ Title: _____

Address:

Phone: _____ Email: _____

Agency Website:

Please provide the following information in your application. Incomplete applications may be excluded from consideration.

ORGANIZATION

_____ Mission and purpose of the organization.

_____ Year in which the organization was founded.

_____ Description of organization's current activities.

_____ Has your organization applied previously for a Tampa Garden Club grant or other assistance?

_____ Does your organization have any known connections to the Tampa Garden Club or its members?

PROPOSED PROJECT

_____ Description of specific project or program for which funding is being requested, and explanation of whether program is new, or an enhancement to an existing project.

_____ Project timeline.

_____ Evaluation procedures for project.

_____ Describe community need/population served through project.

_____ Budget request. Provide expenditure detail and explanation of any additional funds to be leveraged for the project. Applicants are encouraged to research the exact products to be purchased and cost and include that information in the budget.

_____ Are other funding sources providing financial support for the project? Please list these sources, if applicable?

_____ Describe network of support that you have established (individuals, organizations, etc.)

_____ What is the proposed project's impact?

REQUIRED DOCUMENTS

_____ Copy of 501(c)3 document, including date and place of incorporation. (one year minimum required). OR Verification of institution status as a school, civic organization, or faith-based organization.

_____ List of current Board Members.

_____ Current budget.

_____ Grant Certification Form. (see included form)

OPTIONAL DOCUMENTS

_____ Annual Report.

_____ Marketing materials for organization or program.



**The Tampa Federation of Garden Club Circles, Inc.
Grant Certification Form**

(Please submit with application)

Application is hereby made this _____ day of _____ 20_____, for funds in the amount of \$
_____ (\$1,000 maximum) on behalf of:

(Official Name of Organization)

I, _____ (Name of Authorized Applicant of Organization) (Title), certify that information contained in this application is accurate and truthful.

I certify that _____ (Organization) has been in existence in the Tampa area for at least one year, and all awarded funds can be expended by April 30th. Further, this application is not requesting funding for any of the following:

- An individual's project
- Religious teachings or instruction
- Travel expenses
- Transportation
- Capital Campaigns
- Salaries of regular or part-time employees
- Insurance
- Advertising or marketing
- Tuition

This application constitutes a contract as to how the money is to be spent. Agency shall expend the awarded funds by April 30. Any funds not spent in this time period must be returned to the Tampa Federation of Garden Club Circles, Inc. by April 30, unless an extension is requested in writing and granted.

By: _____

Date: _____

Signature of Authorized Applicant