*Pollination Guelph’s Community Grant Program for Pollinator Habitat provides funds to non-profit organizations and individuals requesting financial support for projects related to PG’s mission. This year, grants will be focused on* ***planting, enhancing, and/or maintaining sustainable pollinator habitat in Guelph and Wellington County.***

**For more information, visit our website at www.pollinationguelph.ca or contact us at pollinationguelph@gmail.com**

**Please email your completed application as an attachment to pollinationguelph@gmail.com**

**Contact Information**

*Information on the organization or individual applying for the Community Grant Program (CGP)*

*\*Please note that funds will not be awarded for the installation/maintenance of personal gardens*

|  |
| --- |
| **Organization/Individual’s Name**:*Please check one box and fill in the appropriate name(s)* |
| [ ]  **Non-profit Organization**  | Click here to enter text. |
| [ ]  **Individual on Behalf of a Company** | Click here to enter text. |
| [ ]  **Other, please explain**  | Click here to enter text. |
| **Registered Charity #:** *If applicable* | Click here to enter text. |
| *Please include the names and email addresses of each individual who should be included in future correspondence related to this grant* |
| **Name of Contact(s):** | Click here to enter text. |
| **Email Address(es)**: | Click here to enter text. |
| *Please include the phone number of the primary contact, the mailing address where the grant should be sent if the application is successful, and any suitable social media handles/websites*  |
| **Phone Number**: | Click here to enter text. |
| **Mailing Address**: | Click here to enter text. |
| **Social Media Handles/Website**: | Click here to enter text. |

**Please briefly describe your organization (who it consists of, how it is funded, the intended beneficiaries, etc.):**

Click here to enter text.

**Description of Proposed Project**

*In the following sections, please provide an outline of the proposed project*

**Overview including Purpose/Goals:**

*Please fill in each of the following sections*

1. **Provide an overview of your intended project, including its purpose and goals.**

Click here to enter text.

1. **Describe the steps/actions that you will take to achieve your goal(s).**

Click here to enter text.

1. **What is the address of the intended site?**

Click here to enter text.

**Activities and Deliverables/Results:**

*Answer any applicable questions*

1. **What is the target number of individuals who will benefit from this project (volunteers, staff, participants, visitors, etc.)?**

Click here to enter text.

1. **How much area (square footage) of pollinator habitat will be added, enhanced, or maintained from this project?**

Click here to enter text.

1. **Which species of plants/seeds do you intend to incorporate into this project? At what quantity (e.g. number of plants or weight of seeds by species)?**

Click here to enter text.

1. **Over the coming years, how will you maintain any pollinator habitat that may be created through this project (including funds and labour available for this purpose)?**

Click here to enter text.

**Proposed start date and timelines:**

Click here to enter text.

|  |  |
| --- | --- |
| **Amount of Funding Requested:**  | Click here to enter text. |
| *Maximum: $1000*  |  |

**Budget:**

|  |  |  |  |
| --- | --- | --- | --- |
| *Itemized List of Expenses* |  | *Cost* | *Source of Funds* |
| *CGP (PG Community Grant Program)* | *Please specify any other funding sources for this project (and if they are secured or pending)* |
| E.g. Mulch – 2 cubic yards |  | $100 | [x]  | [ ]  Click here to enter text. |
| E.g. 100 native plant plugs |  | $400 | [ ]  | [x]  TD FEF Grant (pending) |
| Click here to enter text. |  | Click here to enter text. | [ ]  | [ ]  Click here to enter text. |
| Click here to enter text. |  | Click here to enter text. | [ ]  | [ ]  Click here to enter text. |
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| Click here to enter text. |  | Click here to enter text. | [ ]  | [ ]  Click here to enter text. |

**Involvement of Pollination Guelph**

**How will you recognize Pollination Guelph’s contribution? (100 word limit)**

Click here to enter text.

**Do you agree to share project results, videos, and a minimum of five high quality images (before, during, and/or after project completion) with Pollination Guelph?**

*To view the End of Year Report Form, please visit* [*www.pollinationguelph.ca/community-grant-program*](http://www.pollinationguelph.ca/community-grant-program)

**Yes** [ ]  **No** [ ]

**Do you agree to adhere to Pollination Guelph’s image guidelines?**

*To view PG’s Image Guidelines, please visit* [*www.pollinationguelph.ca/community-grant-program*](http://www.pollinationguelph.ca/community-grant-program)

**Yes** [ ]  **No** [ ]

**Other Comments (optional)**

Click here to enter text.

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