New River Valley
Master Gardener Association
Grants Program Application

Project Name	
Project Coordinator	Name: Address:
Project Location	
Grant Monetary Request	
Other funding sources?	
Is there a Master Gardener volunteer involved in this project?	If yes, Provide name
Diversity of population served	
Service to the Public	Check one: General Public (fairs, plant clinic) _____ Large group of people (school group, retirement group) _____ Small group (private, religious, consulting) _____
Educational services or impact. Please explain how your project impacts each of the following categories. If not applicable, please write N/A	Educational Stewardship:
	Economic and Social Impacts of Horticulture:
	Food Security:

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Project Overview	