



# GCG Garden Therapy 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, and make sure the project is completed as planned. A member garden club, groups of clubs, or council/district, shall be eligible to apply for one grant annually [maximum \$750], based on the GCG fiscal year of May 1 to April 30.

GT grants are available for completed and proposed projects with a completion date within the fiscal year. This application can be obtained from the state chairman or is available on the GCG website. It should be completed and emailed to:

**GARDEN THERAPY CHAIRMAN – GLENN DOLYN HALLMAN**  
770-491-7398 (c) 770-630-5539 [gkh44@aol.com](mailto:gkh44@aol.com)

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**. 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.

**3.** Clubs/councils/districts receiving funds (hereinafter, known as grantees) for *proposed* projects, are expected to complete their projects. Please do not apply for a grant if you are not ready to proceed. 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.

**GCG ~ Since 1928, Promoting Beautification, Conservation, and Education**



# 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.

**Email completed application to:**  
**GARDEN THERAPY CHAIRMAN – GLENN DOLYN HALLMAN**  
770-491-7398 (c) 770-630-5539 [gkh44@aol.com](mailto:gkh44@aol.com)



# 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 # \_\_\_\_\_

Proposed Expenses – Itemize	Amount
<b>TOTAL</b>	

**Amount requested from the GCG Garden Therapy Fund**

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.*