The Garden Club of Georgia, Inc. Historic Landscape & Garden Grant Program Application (Please Print Clearly)

County: Property Name	:
Property Address:	City Zip
Owner:	Non-profit: Local Government:
Project:	Grant Amount Requested:
Cash Matching Share:	Total Project Cost:
If grant is awarded, is project ready to begin? Yes (If no, please explain in narrative) Applicant Organization:	
Organization to which checks should be written:	
Contact Name:	Daytime Phone:
Contact address:(All written correspondences will be sent to this address)	
Contact email address:(All email correspondences will be sent to this address)	
Authorized Signature:	
Is this property listed in the Georgia/National Register of	f Historic Places, either individually or as part of an
Historic District? Yes No If yes, please s	tate the individual or District name as listed in the
Register:	Date Listed:
Is property open to the Public? Yes No I	f yes, how often?
Historic gardens and landscapes in Georgia (at least 50 years of will only be awarded to projects that are historically do	
 On <i>no more than two pages</i>, describe the project and the work to be Include the Following: Physical Condition of Site. Brief History of Property. Project purpose and goals. Project scope (if funding for garden/landscape r how plants were selected?) What is the basis for restoration activities? Threats to site and degree of urgency for project Previous or current planning activities for proped prepared? Is the proposed project part of a or Long-term management/maintenance support for Impact of project to the community. Breakdown of project budget. 	estoration is requested, state how plans were developed and funding? rty. Have any planning documents been lefined goal for the property?
The application package should include:	
Location Map Letter of support from community or civic leaders	IRS Determination letter Only 1-4 current photos of various views of project
Additional support materials, if available (newspape	
application and attachments by email to: Chai Marietta	o the address below PLUS send one digital copy of the rman Cheryl Briscoe, 421 Chowning Place NW, GA 30064
eemail: ctgb Questions? Contact Cheryl Briscoe at the email listed above.	15@gmail.com APPLICATION MUST BE POSTMARKED BY AUGUST 1!