

Champaign-Urbana Herb Society

MINI-GRANT APPLICATION FORM

Please send the grant application to:

Sue Hesketh, Mini-grant Coordinator
1003 Sunrise Cir, Mahomet, IL 61853

Alternatively, it may be emailed to:
susanhesketh [at] rocketmail.com (note: replace @ with [at]) with a subject line "C-U Herb Society Mini-grant Application."

- Grant recipients will be notified within three weeks following receipt of application.
- Upon completion please submit photographs of various stages of the garden project.
- The recipient needs to give a five minute presentation about his/her project to one of the Herb Society's regular meetings.

Name of Applicant			
School or Organization Name: _____			
Address:			
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>Zipcode</i>
Phone Number: _____			
Project Coordinator Information			
Full Name _____			
Address:			
<i>Street Address</i>			
<i>City</i>		<i>State</i>	<i>Zipcode</i>
Phone Number: _____			
Email: _____			
Project Description			
Describe the proposed project by addressing each of the following items:			
<ol style="list-style-type: none"> 1) Description of Garden to be established/enhanced. 2) Description of project budget. 3) Description of how the Garden will be maintained during the school year and in subsequent years. 4) Description of how the Garden will enhance educational use of the area. 5) Upon completion submit photographs of various stages of the Garden project. 			
Applicant Signature		Date	
Signature of Principal or Organization Official		Date	