



**GREEN
SPACES
ALLIANCE**
OF SOUTH TEXAS

Green Spaces Alliance Community Gardens Program

Starter Grant Application

P.O, Box 15677
San Antonio, TX 78212
(210) 222-8430
www.greenspacesalliance.org
angela@greenspacesalliance.org

Name of Group Applying: _____

Date: _____

Mailing Address: _____

Use additional paper as needed throughout the application.

Primary Contact Person

Name: _____ E-mail: _____

Telephone: _____ Home Address: _____

Primary Committee Members (min. 5 individuals unrelated by family or employment).

Provide names and personal contact information. *Use more paper for additional members.*

- | | | | |
|-----|-------|--------------|-----------|
| 1. | | | |
| | name | home address | telephone |
| | email | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
| 10. | | | |

Site Description *Attach photos.*

Location of property: _____

Please provide map of the neighborhood. Indicate garden location.

Property Owner's Name: _____

Owner's Mailing Address: _____

Telephone: _____ E-mail: _____

Garden site to be owned or leased by group? _____

If leased, is duration for a minimum of 5 years? _____ How many? _____ *Attach copy of lease.*

Purpose Statements

Use additional sheets of paper to answer each of the following questions.

- 1. Describe your garden? **Please attach a basic sketch of the garden plan.**
- 2. What need(s) does/will this garden fill in the neighborhood?
- 3. Describe the plan for maintaining garden for at least 5 years.

Project Resources

1. How do you plan to get people to work with you on this project, both in the garden and for related garden support? _____Flyers to houses _____Notices in local publications/newsletters/e-blasts
_____Schedule workdays and serve food _____Neighborhood posting board

Other (please explain):_____

2. Have any core members taken any classes to prepare you for community gardening? (please detail)

3. What other organizations (if any) have helped you in the past or committed to help you in the future with donations, design, labor or other? _____Volunteer Gardeners of America

- | | | |
|-----------------------|------------|-------------------|
| _____Master Gardeners | _____SAPAR | _____UIW |
| _____SABotanic Garden | _____COSA | _____Trinity |
| _____School Districts | _____UTSA | _____St. Phillips |
| _____City Year | _____SAC | _____OLLU |

List Corporations _____

Others_____

4. What donations from the above organizations or others, such as charitable foundations, have you asked for or expect to receive?

Volunteers:_____man hours from _____

Money:\$_____from _____

Materials:_____from _____

Other (please list items and sources) _____

Timetable **Attach timetable including milestones/completion dates for various garden components.**

Budget **Attach budget including proposed contractors and suppliers, if any.**

Amount requested in this application: \$_____

Signature: _____ **Print:** _____

Date:_____