



ONTARIO HORTICULTURAL ASSOCIATION
 49 Blairs Trail, RR8
 Kincardine, ON N2Z 0B3
 519-395-0227, janetmoyser@tnt21.com

SPECIAL PROJECT APPLICATION

To assist the Societies in meeting the objectives of the Ontario Horticultural Association, the Board will provide a **SPECIAL PROJECT grant** for ten projects a year to a maximum of \$500.00 for each project. The grant is limited to one project per Society per year. This Special Project grant will be reviewed annually. This application is not available to successful Societies for a further five years. **Applications must be submitted by February 15 to your District Director who must submit the signed form to the O.H.A. Secretary by February 28th.**

CRITERIA

Projects must be of a long lasting benefit to the Society or community, such as planting perennials, trees and shrubs. The grant is not to be used for annuals, mulch, manure, compost, hard surface or construction materials.

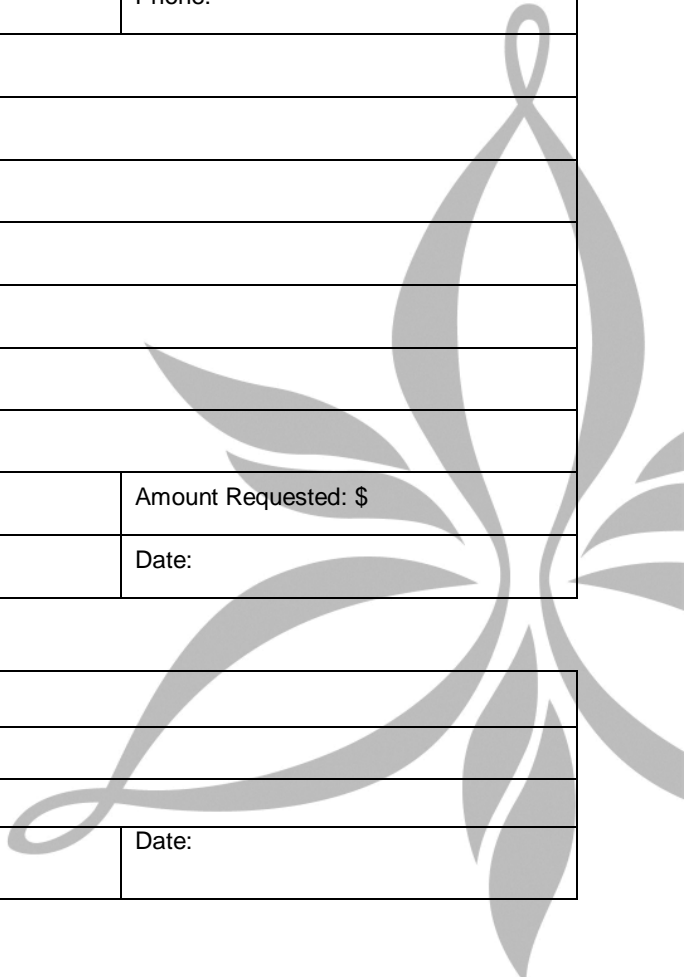
APPLICATION FORM - PLEASE PRINT

PART A – To be completed by the Society	
Name of Society:	
Address:	
President:	Phone:
Description (include photos/location/plant material):	
Estimated cost: \$	Amount Requested: \$
President's signature:	Date:

➔ **Forward form to District Director**

PART B – To be completed by the District Director	
Comments:	
Project Recommended:	Date:

Keeping Ontario Beautiful



————▶ **Forward form to O.H.A. Secretary**

PART C – To be completed by O.H.A. Secretary		
Comments		
Project Approved:	Amount:	Date:

————▶ **Forward form to Society**

PARTS D, E, F, & G – Form To be Completed and Returned for Reimbursement

PART D – To be completed by the Society	
Description of Completed Project (please include photos if possible):	
Total Cost of Project: \$	Amount Received: \$
President’s Signature:	Date:

————▶ **Forward form to District Director**

PART E – To be completed by the District Director	
Comments:	
Amount Recommended: \$	
Recommended for Payment by:	Date:

————▶ **Forward form to O.H.A. Secretary (must include receipts)**

PART F – To be completed by the O.H.A. Secretary	
Comments:	
Amount Approved:	
Payment Approved by:	Date:

————▶ **Forward form to O.H.A. Treasurer**

PART G – To be completed by the O.H.A. Treasurer	
Amount of Final Payment: \$	
Payment Approved by:	Date: