



ONTARIO HORTICULTURAL ASSOCIATION

Sharlene Desjardins, Awards Coordinator,
P.O Box 2123, Deep River, ON K0J 1P0,
Email: awards@gardenontario.org, Phone: 613-584-1748

Community Garden Grant Application Form

The Ontario Horticultural Association (OHA) encourages its member societies to create or contribute to community gardens whether urban or rural. OHA will award a grant of \$500 each to two societies to assist the funding of a new community garden or the upgrading of an existing community garden.

CRITERIA

For the purposes of this grant, a community garden is defined as a plot of land, either publicly or privately owned, that is used primarily to grow food for gardeners and/or the surrounding community. Either the whole space is communal or each member maintains a plot. Members may or may not pay a fee, but the garden must have a communal aspect such as shared maintenance, donations of produce to a local charity or social activities.

A society in good standing applying for this grant should play a specific role in the creation or maintenance of the community garden involved, either acting as the lead organization or as a member of a collaborative of partnering organizations. The garden should be accessible to the wider community, involve broad community participation and focus primarily on local food production.

Eligible expenses include tools, materials and equipment that are directly used in the completion of the project (raised beds, accessible planters, etc.) and site development costs and services as well as facilities and structures that support the gardening activities of the members.

Ineligible expenses include operating or administration expenses such as salaries, travel costs, computer equipment, marketing materials, refreshments, garden accessories, signage, seeds, transplants, trees and flower-only projects.

Start-up or existing community gardens should be non-profit, have the written permission of the landowner to use the site, a demonstrated garden plan (see accompanying Garden Grant description for more info), certificate of liability insurance and a garden budget. Be sure to identify the role your society will play in the garden and include a list other community organizations involved.

To apply, interested societies should complete the application form and send it to your District Director who must submit the signed form to the OHA Awards Coordinator by February 28th.

If your community garden project is awarded a grant, payment will follow a completed report, which must include photos of the completed project and itemized receipts. NO funds will be released without receipts.

NOTE: Recipients of this award may only receive this award once.

APPLICATION FORM - PLEASE PRINT

PART A – To be completed by the Society	
Name of Society:	
Address:	
President:	Phone:
Description of Proposed Project:	
INCLUDE with your application: landowner's permission for site <input type="checkbox"/> certificate of liability insurance <input type="checkbox"/> photos <input type="checkbox"/> budget <input type="checkbox"/> garden plan <input type="checkbox"/> list of partners <input type="checkbox"/>	
Estimated cost: \$	Amount Requested: \$
President's signature:	Date:

→ **Forward form to District Director by February 15th of current year**

Keeping Ontario Beautiful

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

————> **Forward form to OHA Awards Coordinator by February 28th of the current year**

PART C – To be completed by OHA Awards Coordinator		
Comments:		
Project Approved:	Amount:	Date:

————> **Forward form to Society**

PARTS D, E, F, & G -- Claim To be Completed and Returned for Reimbursement

PART D – To be completed by the Society	
Description of Completed Project (please include photos and attach itemized, original receipts)	
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 OHA Awards Coordinator (must include original receipts)**

PART F – To be completed by the OHA Awards Coordinator	
Comments:	
Amount Approved:	
Payment Approved by:	Date:

————> **Forward form to OHA Treasurer**

PART G – To be completed by the OHA Treasurer	
Amount of Final Payment: \$	
Payment Approved by:	Date: