



## ONTARIO HORTICULTURAL ASSOCIATION

Grace Esposito, Awards Coordinator  
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# SPECIAL PROJECT GRANT 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 per year to a maximum of \$500.00 for each project. A society that receives a Special Project Grant cannot apply again for this grant for five years. **This form must be returned with your original receipts. Applications must be submitted to your District Director who must submit the signed form to the OHA Awards Coordinator by February 28th.**

### CRITERIA

Projects must be of a long-lasting benefit to the society or community. The judging panel will be looking for a budget, and a site plan showing the placement and quantity of each plant variety. Extra consideration will be given for the use of native plants, society and community involvement and one or two colour copies of photographs of the site. Do not send photographs. Your submission should be no more than 6 pages. Society must be an OHA member in good standing.

This grant **may** be used for the purchase of perennial plants and the installation of the plants. The grant is **not** to be used for annuals, mulch, manure, compost, hard surface or construction materials.

### APPLICATION FORM - PLEASE PRINT

<b>PART A – To be completed by the Society</b>	
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**

<b>PART B – To be completed by the District Director</b>	
Comments:	
Project Recommended:	Date:

—————> **Forward form to OHA Awards Coordinator**

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

—————> **Forward form to Society**

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

<b>PART D</b> – 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**

<b>PART E</b> – 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)**

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

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

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