

Request for a 2024 "Growing Together" Grant

Name of your organization			
The organization must be	associated with a non-profi	it or civic group – gr	ants cannot be made to an individual.
Contact Name	Phone	Email	
In what area of the county is yo	our proposed garden located	d?	
Do you have an approved place	e for your garden for 3 or mo	ore years?	
	tion. If not, explain how yo		our garden space will be available for 3 or
When could you begin construc	ction?		
What do you hope to accompli	sh with your community gar	den? Why is this im	portant to your group?
Name some of the materials (a	nd costs) that you will need	to purchase.	
How will you find people to par	ticipate in the garden? Nam	ne other key people	involved in the project.

Please mail this completed application to: Community Health Council of Rutherford County at PO Box 352 Rutherfordton, NC 28139 or email the application to HealthCouncilRC@gmail.com

Up to 5 contestants across the county will be chosen to receive grant awards of a maximum of \$1500 for year 1. We realize that you may have never requested a grant. Please do not hesitate to call with questions or requests. We will help you by phone or in person to complete the application or to build partnerships with others who are interested. Funding for additional years will be considered at a maximum of \$500 to expand your project, but funding is not guaranteed. Please be sure you can sustain the project after 2024.

Training is available for the leadership of your Community Garden by experts in growing food. We will ask to place a sign by your garden designing you as a "Growing Together" community garden sponsored by the Health Council.

The deadline for proposal summaries is 5:00 on March 15. Contestants will be notified by March 25.

Please call Jill Miracle at 828-202-4630 with questions about the "Growing Together" contest.

