*Pollination Guelph’s Community Grant Program for Pollinator Habitat provides funds to* ***non-profit organizations and community groups*** *requesting financial support for projects related to PG’s mission. This year, grants will be focused on* ***planting, enhancing, and/or maintaining sustainable pollinator habitat in Guelph and Wellington County.***

**For more information, visit our website at www.pollinationguelph.ca or contact us at pollinationguelph@gmail.com**

**Please email your completed application as an attachment to pollinationguelph@gmail.com**

**Eligibility**

*Please check each of the following boxes to confirm that you are eligible to apply for the Community Grant Program – Pollinator Habitat.*

**Our community group/non-profit organization was established prior to 2022**

**We have permission to plant/enhance the project site**

**We will be able to complete or substantially complete the project before the end of 2025**

**Contact Information**

*Information on the organization applying for the Community Grant Program (CGP)*

*\*Please note that funds will not be awarded for the installation/maintenance of personal gardens*

|  |  |
| --- | --- |
| **Organization Name**:  *Please check one box and fill in the appropriate name(s)* | |
| **Non-profit Organization**  **(and representative’s name)** | Click here to enter text. |
| **Community Group**  **(and representative’s name)** | Click here to enter text. |
| **Other, please explain** | Click here to enter text. |
| **Registered Charity #:**  *If applicable* | Click here to enter text. |
| *Please include the names and email addresses of each individual who should be included in future correspondence related to this grant* | |
| **Name of Contact(s):** | Click here to enter text. |
| **Email Address(es)**: | Click here to enter text. |
| *Please include the phone number of the primary contact, the mailing address where the grant should be sent if the application is successful, and any suitable social media handles/websites* | |
| **Phone Number**: | Click here to enter text. |
| **Mailing Address**: | Click here to enter text. |
| **Social Media Handles/Website**: | Click here to enter text. |

**Please briefly describe your organization (when it was founded, who it consists of, how it is funded, the intended beneficiaries, etc.):**

Click here to enter text.

**Description of Proposed Project**

*In the following sections, please provide an outline of the proposed project*

**Overview including Purpose/Goals:**

*Please fill in each of the following sections*

1. **Provide an overview of your intended project, including its purpose and goals.**

Click here to enter text.

1. **Describe the steps/actions that you will take to achieve your goal(s).**

Click here to enter text.

1. **What is the address of the intended site? Please provide photos (as attachments included with your emailed application) of the proposed/existing pollinator habitat site.**

Click here to enter text.

1. **What is the current size of the existing garden?**

Click here to enter text.

**Activities and Deliverables/Results:**

*Answer any applicable questions*

1. **What is the target number of individuals who will benefit from this project (volunteers, staff, participants, visitors, etc.)?**

Click here to enter text.

1. **How much area (square footage) of pollinator habitat will be added, enhanced, or maintained from this project?**

Click here to enter text.

1. **Which species of plants/seeds do you intend to incorporate into this project? At what quantity (e.g. number of plants or weight of seeds by species)?**

Click here to enter text.

1. **Over the coming years, how will you maintain any pollinator habitat that may be created through this project (including funds and labour available for this purpose)?**

Click here to enter text.

**Proposed start date and timelines:**

Click here to enter text.

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| --- | --- |
| **Amount of Funding Requested:** | Click here to enter text. |
| *Maximum: $1000* |  |

**Budget:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Itemized List of Expenses* |  | *Cost* | *Source of Funds* | |
| *CGP (PG Community Grant Program)* | *Please specify any other funding sources for this project (and if they are secured or pending)* |
| E.g. Mulch – 2 cubic yards |  | $100 |  | Click here to enter text. |
| E.g. 100 native plant plugs |  | $400 |  | TD FEF Grant (pending) |
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**Involvement of Pollination Guelph**

**How will you recognize Pollination Guelph’s contribution? (100 word limit)**

*When submitting the End of Year Report Form (*[*www.pollinationguelph.ca/community-grant-program*](http://www.pollinationguelph.ca/community-grant-program)*), it is expected that proof be provided of all instances where the PG logo was used to promote the project. This could include presentations (slides specific to sponsorship), links to webinars/YouTube videos, posters, social media posts, documents/reports of the project, etc.*

Click here to enter text.

**Do you agree to share project results, videos, and a *minimum* of five high quality images (before, during, and/or after project completion) with Pollination Guelph?**

*To view the End of Year Report Form, please visit* [*www.pollinationguelph.ca/community-grant-program*](http://www.pollinationguelph.ca/community-grant-program)

**Yes  No**

**Do you agree to adhere to Pollination Guelph’s image guidelines?**

*To view PG’s Image Guidelines, please visit* [*www.pollinationguelph.ca/community-grant-program*](http://www.pollinationguelph.ca/community-grant-program)

**Yes  No**

**Other Comments (optional)**

Click here to enter text.

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**Please email your completed application as an attachment to pollinationguelph@gmail.com**