

SJSB Pollinator Garden Project Grant Application (Due Oct. 1st, 2019)

(Please return to Sandhills Journey Scenic Byway, P.O. Box 28, Mullen, NE 69152

Awards will be announced in late October)

Community or Business area

Project site address, GPS coordinates, or include a map of project area

Application Contact:

Name

Street Address

Phone

Alternative phone

E-Mail Address Applicant

Printed Name

Signature

Funds Requested for project \$ _____ (Maximum is \$2,700 from SJSB)

Allowable expenses include informational/training workshop(s) -up to \$900
and pollinator garden supplies (soil, plants, etc) – up to \$1,800

Please describe the proposed project: Demonstrate need for the project, identify objectives and expected results, and describe the activities to be funded and who will perform them. If physical improvements are made, identify who will maintain them. **This is a reimbursed project – initial expenses are paid by applicant and reimbursed at close of project. Projects must be completed and invoices submitted to SJSB by June 15, 2020.**

Identify the benefits that your community will derive from this project:

Include photos of the proposed project area with application.

Please include a line item budget with application.

Project Funding: Please identify all project funding sources, including community groups, volunteers, other financial support, and funds requested from the SJSB via the Pollinator grant.

Community Funding (from other community groups) \$

Volunteer Funding (from individuals) \$

Other Resources (other financial support or in kind contributions) \$

Funds requested from Sandhills Journey Scenic Byway \$

Total funding \$ _____

Signature of applicant: _____

Date: _____