



Prairie & Savannah Funding Application Form in Honour of Mary Gartshore

Eligibility:

1. Your application to seek financial support must meet TgO interests or goals, as described on our website (<https://tallgrassontario.org/wp-site/>).
2. You must be a “LIFETIME MEMBER” of TgO before you submit an application or upon acceptance of your application. (<https://tallgrassontario.org/wp-site/memberships/>).
3. You must be a private landowner/student or a non-profit organization.
4. Please complete the attached application form and submit to TgO via email (info@tallgrassontario.ca).
5. Your application must show matching dollar support.
6. Your application must show the amount of financial support requested from TgO (Maximum Grant Dollars \$2,000.00).
7. TgO response to your request for financial support will be less than 30 days from the time of application submission.
8. If your application is successful, TgO will confirm the funding amount and payment information with you.
9. You must report completion of the project to TgO via email (info@tallgrassontario.ca) and provide a brief summary report with accompanying photographs within 30 days of completion of the project. The project description and photographs can be published in the *Bluestem Banner*.

Applicant Information		
Name of Person and/or Organization, as applicable (Please indicate legal name of the organization. The name must correspond to the name to be used on any cheques if the application is approved).		
Applicant Name		
Mailing Address (Street No. & Street Name)		
City	Province	Postal Code
Telephone No.	Mobile No.	

Email Address		
Contact Person(s)/Project Lead(s): If different than above		
Name	Telephone No.	Email Address
1.)		
2.)		

Project Location	
Property/Project Site Name	
Location of Project (Street No. & Street Name and/or GPS coordinates)	
Project Site Size	

Project Information	
Project Title:	
Proposed Project Timeline	
Start Date	End Date
Brief Project Summary and Work Plan Briefly describe your proposed project, planned work activities and associated timelines.	

Measuring Success

Describe any evaluations or follow-up monitoring or maintenance activities that will be undertaken to help ensure the success of your project.

Other Partnerships

If there are others involved in partnering on this project and they have contributed to the matching funds as indicated in the budget, please provide their names and contact information.

Partner Name	Contact Information

Budget**Project Expenses**

A list and description for each expense is required. If the expense is not applicable to the project, please state N/A.

	Amount Requested from TgO	Matching Funds (Cash Amount)
Materials/Supplies (e.g. plugs, seeds, topsoil, mulch, etc.)		
Equipment (e.g. pots, rakes, shovels, etc.)		
Educational/Outreach Materials (e.g. design, printing, etc.)		
Other (please explain)		