



# LEXINGTON COUNCIL GARDEN CLUBS APPLICATION FOR PROJECT FUNDING

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PROJECT TITLE:

LOCATION OF PROJECT:

NAME OF APPLICANT(S):

APPLICANT'S ORGANIZATION (if applicable):

APPLICATION SUBMITTED BY:

TITLE OR POSITION:

PROJECT MANAGER:

ADDRESS OF APPLICANT(S):

PHONE #:

EMAIL:

REFERRING LCGC MEMBER (if applicable):

PHONE:

EMAIL:

**DESCRIPTION OF PROJECT:**

**HOW DOES THIS PROJECT MEET LCGC GUIDELINES AS IDENTIFIED IN THE CRITERIA:**

**JUSTIFY NEED FOR PROJECT:**

**TOTAL FUNDS REQUESTED: \$**  
at a maximum of \$500

In order to fund as many projects as possible, grants will be capped

**MATERIAL COST BREAKDOWN FOR AMOUNT REQUESTED:**

**DATE RANGE AND ANTICIPATED COMPLETION DATE OF PROJECT:**

**ADDITIONAL INFORMATION YOU FEEL WOULD BE BENEFICIAL:**

**SIGNATURE:**

A signature certifies that monies granted are to be used only for the project described above and within the dates specified, unless otherwise approved by the LCGC.

**For committee use only**

**Project #:**

**Priority #:**

**Final score:**