**2022 Little Seeds Pollinator Pals Grant Application**

**Please note: This document should not be submitted to KidsGardening.** It is intended to help programs prepare your application responses ahead of time before you complete the online Little Seeds Pollinator Pals application. Simply copy and paste your answers from this document into the online form.

For full details and eligibility information about the 2022 Little Seeds Pollinator Pals Grant, and for the link to the online form, visit our website at [www.kidsgardening.org/grant-opportunities/pollinator-pals-22](http://www.kidsgardening.org/grant-opportunities/pollinator-pals-22).

**Contact Information**

* Grant Applicant First Name:
* Grant Applicant Last Name:
* Grant Applicant Job Title:
* Grant Applicant Email Address (Please only write one email): *Note: This is the email address that will receive all grant communications moving forward.*
* Please confirm the grant applicant's email address:
* Grant Applicant Phone Number:
* Organization Name:
* Garden Program Name:
* Location Name: *Note: Location of the garden by the official name of the school or facility to receive the award (e.g. "Washington Elementary School," "Fairview Botanical Garden"):*
* Address:
* City:
* State or Territory:
* Zip Code:

**Program Background Information**

* Has your program applied for a Little Seeds Pollinator Pals Grant before?
  + Yes
  + No
  + Unknown
* Has your program received a grant from KidsGardening before?
  + Yes
  + No
  + Unknown
* If yes your program has received a grant from KidsGardening, which grant(s) and what year(s)?
* Which of the following best describes your organization:
  + Public School
  + Private School
  + Charter School
  + Nonprofit Agency
  + Community Garden
  + Preschool
  + Head Start
  + Child Care/Day Care
  + Garden Club
  + Summer Camp
  + YMCA
  + Boys and Girls Club
  + Boy Scouts or Girl Scouts
  + Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* How many youth from each age group will participate directly in the garden program? Enter “0” if you do not anticipate youth in the age category. *Note: The number of youth must be equal to or greater than 15 to be eligible. Applicants should be prepared to provide supporting documentation if requested.*
  + Ages 0-4 (Preschool)
  + Ages 5-10 (Elementary School)
  + Ages 11-13 (Middle/Junior High School)
  + Ages 14-18 (High School)
* What are the identities of the youth in your program? Indicate approximately using a percentage.
  + Children of Migrant Worker Families %
  + Children of Refugee Families %
  + Children of Undocumented Families %
  + Youth who Speak Multiple Languages %
  + Justice-involved Youth %
  + LGBTQ+ Youth %
  + Native American, Hawaiian, or Indigenous Youth %
  + Youth of Color %
  + Youth Experiencing Homelessness %
  + Youth in Foster Care %
  + Youth with Disabilities %
  + N/A
* Do the youth who participate directly in the garden program experience food insecurity? Indicate approximately using a percentage.
  + School’s Free/Reduced Cost Lunch %
  + Youth from Low Income or Economically Disadvantaged Families %
  + N/A
* In addition to the youth who participate directly in the garden program, please estimate the number of youth and adults who will indirectly (e.g. other students, parents, families, neighbors, etc.) benefit from your garden project. Enter “0” if you do not anticipate indirect youth or adult beneficiaries.
  + 0-18 years old
  + Adults (18+)
* If chosen as a winner for the 2022 Little Seeds Pollinator Pals Grant, will you agree to submit a year-end report in six months, with a project summary, photos, and parental photo release forms for any recognizable youth featured in images?
  + Yes
  + No

**Garden Program Description**

1. Is your garden program already established (i.e., you have a pre-existing garden or have previously conducted garden programming at your site) or are you just getting started (i.e. you do not have an active garden or garden program at your site)?

* Established Garden Program
* New/Start-up Garden Program
  1. If you have an established garden, please describe your current garden space (e.g. layout, dimensions of garden beds, types of plants you’re growing, special features, etc.). (150-250 words)

1. How many months of the year will you be leading pollinator garden-based activities?
2. What are your garden program’s mission and educational goals? (150-250 words)
3. How will youth participate in the pollinator garden programming (e.g. as part of a structured class or club)? Include information about how often they visit the garden and how much time they spend there (e.g. a half-hour every week). (100-250 words)
4. How do you plan to create your new pollinator garden or improve your existing pollinator garden? Please provide details about your plans and the layout of the garden (e.g. dimensions of garden beds, garden features, walkways, learning spaces, accessibility, etc.). (150-250 words)
5. What pollinator plants will you grow? (50-100 words)
6. How is your organization going to promote the preservation and creation of pollinator habitats within your larger community? (100-250 words)
7. How will you use the Little Seeds Pollinator Pals Grant funds? Please provide an itemized budget of how you will utilize the $500 funding. If your project requires more than $500, how will you secure the additional funds? (100-250 words)
8. What needs and challenges do your community and participants have? These should be outside of any garden needs. This may include but is not limited to, financial needs, environmental issues, safety concerns, health challenges, community support, or regulatory hurdles. (100-250 words)
9. Who is on your garden program’s leadership team? List the individuals and the experience (i.e, lived experience, professional, horticultural, etc.) each leader contributes to your garden program. (100-250 words)
10. What existing financial or community support has your garden program received? List grants or donations you’ve received, prior fundraising opportunities, volunteers, etc. (100-250 words)
11. What is your maintenance plan for your garden? Include what groups or individuals will assist in the maintenance and how frequently they will be involved. If your program takes a break during the summer months, how will your garden be maintained? (100-250 words)
12. How do you plan to sustain your garden program in the future (e.g. leadership, partnerships, sources, and/or funds for plant materials, services, tools, etc.)? (100-250 words)

**Attachments**

* **Photos (Required).** Please attach 2-5 photos to help us better understand what your garden site looks like or where your planned garden will be located. If you are having trouble uploading photos, you may email them to grants@kidsgardening.org.
* **Map (Optional).** Please attach a map of your garden site that includes dimensions.
* **Letter of Support (Optional).** Please attach a one-page letter of support for your program written by someone other than the main contact. This letter can be written by an administrator, parent, or community volunteer demonstrating their support of and appreciation for your program.

**Grant Applicant Demographic Information (Optional)**

We are collecting demographic information as part of an effort to ensure our grant application process is equitable. **Answers will not play a role in the grant application evaluation, nor influence winner selection.**

* I identify as… (Select all that apply)
  + African American or Black
  + Asian or Asian American
  + Hispanic, Latine/LatinX, or Spanish Origin
  + Middle Eastern or North African
  + Native American or Alaska Native
  + Native Hawaiian or Pacific Islander
  + White
  + Not listed here or prefer to self-describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
  + Prefer not to answer