

2024 GroMoreGood Grassroots Grant

Please note: Do not submit this document to KidsGardening. Instead, it is to help programs prepare your application responses ahead of time before you complete the online application. Simply copy and paste your answers from this document into the online form.

For full details, eligibility information, and the link to the online form, visit our website at www.kidsgardening.org/grant-opportunities/gromoregood-grassroots-grant-24.

Eligibility Quiz

Is your organization tax-exempt, or partnering with a fiscal sponsor that has achieved tax-exempt status?

- Yes
- No (not eligible message)

Will fifteen or more youth participate in your garden program?

- Yes
- No (not eligible message)

Does your organization support, work with, or serve communities with a majority of individuals that are under-resourced? (i.e., systematically denied resources and opportunities based on race, gender, ethnicity, income level, abilities, geographic location, etc., or currently experiencing hardship such as a natural disaster, etc.)

- Yes
- No (not eligible message)

Did your organization receive a grant from KidsGardening in 2022, 2023, or 2024? Examples include Budding Botanist, Youth Garden Grant, GroMoreGood Grassroots, Lots of Compassion, and Little Seeds Pollinator Pals.

- Yes (not eligible message)
- No

Has your organization received over \$10,000 in grants for your garden program in 2022 and 2023 combined?

- Yes (not eligible message)
- No

If chosen as a winner, will your organization use the funds and implement programming by December 2024? Award funds will be distributed in early April.

- Yes
- No (not eligible message)

If chosen as a winner, do you agree to submit a year-end report by December 15, 2024, with a project summary, photos, and parental photo release forms for any recognizable youth featured in images?

- Yes
- No (not eligible message)

Not eligible message: Based on your responses, you are not eligible for the 2024 GroMoreGood Grassroots Grant. For details on eligibility, please review our grant landing page.

Contact Information

- Grant Applicant First Name:
- Grant Applicant Last Name:
- Grant Applicant Job Title:
- Grant Applicant Email Address:
- Confirm Grant Application Email Address:
- Email Communication: I understand that by applying for the grant opportunity, my email will be shared with KidsGardening for communication about this grant and other related opportunities.
- Grant Applicant Phone Number:
- Organization Name:
- Organization Address:
- Garden Program Name:

Background information

Have you received a grant from KidsGardening before? (Select one)

- Yes
- No
- Other

If yes, what grant(s) and what year(s)?

Which of the following best describes your organization? (Select one)

- Public School
- Private School
- Charter School
- Nonprofit Agency
- Community Garden
- Preschool
- Head Start
- Child Care/Day Care
- Garden Club
- Summer Camp

- YMCA
- Library
- Boys and Girls Club
- Boys Scouts or Girl Scouts
- Kiwanis Club
- Other: _____

What type of community is your organization located in? (Select one)

- Urban
- Suburban
- Rural

How much total grant funding did your organization receive for your garden program in 2022 and 2023? *Note: The number must be less than \$10,000 to be eligible. Applicants should be prepared to provide supporting documentation if requested.* (Number)

List the funding organization, amount, and year the funding was received. Write N/A if no funding. (150 words maximum)

How many youth from each age group do you estimate will participate directly in the garden program? *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.* (Number)

- 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. (Number)

- African American or Black Youth %
- Asian or Asian American Youth %
- Hispanic, Latine/LatinX, or Spanish Origin Youth %
- Middle Eastern or North African Youth %
- Native American or Alaska Native Youth %
- Native Hawaiian or Pacific Islander Youth %
- Biracial or Multiracial Youth %
- White Youth %
- Children of Migrant Worker Families %
- Children of Refugee Families %
- Children of Undocumented Families %
- Youth who Speak Multiple Languages %
- Justice-involved Youth %
- LGBTQ+ Youth %
- Youth Experiencing Homelessness %

- Youth in Foster Care %
- Youth with Disabilities %

Do the youth who participate directly in the garden program experience food insecurity? Indicate approximately using a percentage. *Applicants should be prepared to provide supporting documentation if requested.* (Number)

- School's Free and Reduced Lunch Rate %
- Youth from Low Income or Economically Disadvantaged Families %

How many months of the year will the garden be used (activities, classes, meetings, programming, etc.)? (Number)

What needs and challenges do youth in your community have? These should be outside of any garden needs and may include but are not limited to financial, and environmental issues, safety concerns, health challenges, community support, or regulatory hurdles. (250 words maximum)

Garden/Greenspace Information

1. Will you start a new or improve an existing garden or greenspace? (Select one)

- New Garden/Greenspace
- Existing Garden/Greenspace

If you have an existing garden or greenspace, please describe your current space, such as dimensions of garden beds, garden features, walkways, learning spaces, accessibility, etc. (250 words maximum)

2. What are your garden program's mission and educational goals? (250 words maximum)

3. What is the most significant benefit you hope to achieve with your garden project? (Select one)

- Develop a natural garden habitat for pollinators
- Begin or contribute to a neighborhood revitalization or beautification movement
- Provide therapeutic benefits to individuals through gardening
- Create an edible garden that produces healthy food for students or community members in need
- Provide children with educational opportunities in a garden or greenspace
- Engage children in outdoor nature-based play spaces/activities

4. How will youth participate in the garden or greenspace? How often will they visit, and in what format (club, class, etc.)? (250 words maximum)

5. How do you plan to create a new garden or greenspace or improve your existing garden or greenspace? Describe the garden growing spaces and features. e.g., raised beds/in-ground, learning spaces, structures, types of plants, etc. (250 words maximum)

6. How will you use the grant funds? Please provide an itemized budget of how you will utilize the \$500 in funding. If your project requires more funding, how will you secure the additional funds? (250 words maximum)

7. Are you interested in being considered for a specialty award? (Select all)

- Yes, the Plus Specialty Award
 - Yes, the Pride Specialty Award
 - Yes, the Equity Specialty Award
 - No
- a. If yes, the Plus Specialty Award:
- i. Does your community face significant financial, environmental, safety, health, regulation, and/or other needs and challenges?
 - 1. Yes
 - 2. No
 - ii. What are the significant needs and challenges, and how is your organization equipped to meet these needs and challenges? (250 words maximum)
 - iii. How will the new or improved garden/greenspace and garden programming respond to the needs, gaps, or challenges faced by participating youth? (250 words maximum)
 - iv. How will you use the \$1,000 Plus Specialty Award funds? (250 words maximum)
- b. If yes, the Pride Specialty Award:
- i. Do you currently engage with LGBTQ+ youth in your community?
 - 1. Yes
 - 2. No
 - ii. How does, or will, your organization engage with the LGBTQ+ youth community? (250 words maximum)
 - iii. How will the new or improved garden/greenspace and garden programming engage LGBTQ+ youth? (250 words maximum)
 - iv. How will you use the \$1,000 Pride Specialty Award funds? (250 words maximum)
- c. If yes, the Equity Specialty Award:

- i. Does the leader of your youth garden program identify as a person of color? (i.e. African American or Black; Asian or Asian American; Hispanic, Latine/LatinX, or Spanish Origin; Middle Eastern or North African; Native American or Alaska Native; and/or Native Hawaiian or Pacific Islander; Biracial/Multi-racial, etc.)
 1. Yes
 2. No
- ii. How is the leader reflective of the community they serve? (250 words maximum)
- iii. How will the new or improved garden/greenspace and gardening programming engage youth of color? (250 words maximum)
- iv. How will you use the \$1,000 Equity Specialty Award funds? (250 words maximum)

8. Who is on your garden program's leadership team? List their names, professional role, and lived experiences related to the garden or greenspace program. (250 words maximum)

9. How will the community support your garden or greenspace? e.g., volunteers, donations, partnerships, etc. (250 words maximum)

10. What is the maintenance plan for your garden or greenspace in the fall, winter, spring, and summer, and who is responsible for maintenance during each season? (250 words maximum)

11. How will you sustain your initiative over time? (250 words maximum)

Required Attachments

- **Verification Document (Required).** Please attach the following document verifying your organization's tax-exempt status.
 - For 501(c)(3) Organizations: IRS Determination Letter or Formation Document or Organization's Charter.
 - For Schools: A letter on school district letterhead, signed by a school district official, stating that the school in question falls under the jurisdiction of the school district, a governmental entity.
 - For Other Tax-Exempt Organizations: For other tax-exempt organizations such as government agencies, religious organizations, and Tribal governments, please provide a letter on official letterhead stating that you are designated as an automatically tax-exempt organization and thus exempt from needing a 501(c)(3) documentation to claim nonprofit status with the US government.

- **Photos or Videos (Required).** Please attach 3-5 photos or videos of the proposed garden site or provide a link to the files below. *Note: .heic files are not supported. If you have trouble uploading photos or videos, you may email them to grants@kidsgardening.org.*

Optional Attachments

- **Land Survey, Scale Map, or Garden Sketch (Optional).** Please attach a land survey, scale map, or garden sketch of the lot. If you do not currently have this information, search for the address of your lot on [Google Earth](#), [Google Maps](#), or request the digital land records or parcel map information from your city. This is often available on your city's website. *If you have trouble uploading photos or videos, you may email them to grants@kidsgardening.org.*
- **Letters of Support (Optional).** Attach a one-page letter of support for your project written by a community partner or another organization involved in the project demonstrating their support for your organization. *If you have trouble uploading photos or videos, you may email them to grants@kidsgardening.org.*

Grant Conditions

By selecting "Agree" below, the organization agrees to the following grant conditions:

- To use the funds only for the designated purpose as described in the grant application and subsequent grant notification letter and not for any other purpose without prior written approval.
- To notify KidsGardening immediately of any change in (a) Organization's legal or tax status, (b) Organization's executive or key staff responsible for achieving the grant purposes, (c) Organization's ability to expend the grant for the intended purpose, and (d) any expenditure from this grant for any purpose other than those for which the grant was intended.
- To maintain books and records adequate to demonstrate that it maintained the grant funds dedicated to the purpose for which the grant is made, and to maintain records of expenditures adequate to identify the purpose for which, and how, grant funds have been expended.
- To give KidsGardening reasonable access to the grantee's files and records to make such financial audits, verifications, and investigations as it deems necessary concerning the grant, and to maintain such files and records for at least four years after completion or termination of the project.
- To not expend any grant funds for any political or lobbying activity or any purpose other than one specified in section 170 (c)(2)(b) of the Code.
- To return any unexpended funds or any portion of the grant that is not used for the purposes specified herein.
- To allow the Scotts Miracle-Gro Foundation and KidsGardening to include information about this grant in periodic public reports, newsletters, news releases, social media postings, and websites. This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

- To complete a year-end report summarizing the project promptly following the end of the period during which you are to use all grant funds. Your reports should describe your progress in achieving the purposes of the grant and include a detailed accounting of the use and expenditure of the grant funds.
- To cooperate fully with KidsGardening to assure that they can satisfy all of the requirements of an "expenditure responsibility" grant following the terms of the Internal Revenue Code and the regulations thereunder.

The Foundation and KidsGardening reserve the right to discontinue, modify or withhold any payments under this grant award or to require a total or partial refund of any grant funds if, in KidsGardening's sole discretion, such action is necessary: (a) because you have not fully complied with the terms and conditions of this grant; (b) to protect the purpose and objectives of the grant or any other charitable activities of the Foundation or KidsGardening; or (c) to comply with the requirements of any law or regulations applicable to you, to KidsGardening, to the Foundation, or this grant.

- Agree

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
 - Biracial or Multi-racial
 - White
 - Prefer not to answer
 - Other: _____

