2025 Lots of Compassion Grant Application

Please note: Do not submit this document to KidsGardening. Instead, it is to help your organization 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 <u>https://kidsgardening.org/grant-opportunities/lots-of-compassion-grant-25/</u>.

Overview

The deadline for application submission is June 16, 2025, at 11:59 PM PT.

Winners will be announced and contacted by email in late August. A list of winners will also be posted on KidsGardening.org/grant-winners. Award funds will be distributed in two payments, September 2025 and January 2026, based on the grantee's budget.

Questions? Refer to the Frequently Asked Questions section on the grant landing page.

Please contact KidsGardening Grant Program Director Sarah Lane at grants@kidsgardening.org with any additional questions.

All applicants will be added to KidsGardening's mailing list.

Eligibility Quiz

Is your organization tax-exempt, or are you partnering with a fiscal sponsor that has achieved tax-exempt status? Organizations must be based in the United States or U.S. Territories.

- Tax-exempt (ex: schools, nonprofits, governments, Tribal, etc.)
- Not tax-exempt

Is your organization a municipality, like a city, state, or federal government, or a politically-funded organization?

- Yes
- No

Has your organization received a Lots of Compassion Grant before?

- Yes
- No

By September 2025, will you have access to a vacant lot that has sunlight and access to water? A vacant lot is defined as a piece of land that is not being used currently. Examples include but are not limited to, unmaintained areas filled with weeds, abandoned areas, areas not cared for, and areas that are not welcoming.

- Yes
- No

Do you plan to use this vacant lot to grow compassion in your community through the garden?

- Yes
- No

What type of community is your organization located in?

- Urban
- Suburban
- Rural

How many people from each age group do you estimate will participate directly in the garden program? Applicants should be prepared to provide supporting documentation if requested. Note: Every cell must be filled in.

	Number of Direct Participants
Ages 0-4 (Preschool)	
Ages 5-10 (Elementary)	
Ages 11-13 (Middle/Junior High)	
Ages 14-18 (High)	
Adults 18+	

What are the identities of the people in your program? Applicants should be prepared to provide supporting documentation if requested. Note: Every row must have an answer.

	0-24%	25-49%	50-89%	90-100%
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 Multiracial %				

White %		
Migrant Worker Families %		
Refugee Families %		
Undocumented Families %		
People who Speak Multiple Languages %		
People in the Justice System %		
People with Incarcerated Family Members %		
LGBTQ+ People %		
People Experiencing Homelessness %		
Youth in Foster Care %		
People with Disabilities %		

Do the people who participate directly in the garden program experience food insecurity? If yes, indicate what type of data you will provide.

- Yes, Census, City, or Zip Code Data for Low Income or Economically Disadvantaged Families Participating in Garden Program %
- Yes, School's Free/Reduced Cost Lunch %
- No

If, Census, City, or Zip Code Data for Low Income or Economically Disadvantaged Families Participating in Garden Program %. Applicants should be prepared to provide supporting documentation of how they arrived at their estimation if requested.

	0-39%	40-64%	65-100%
Census, City, or Zip Code Data %			

If you are a school, what is your Free/Reduced Cost lunch rate? If you are an organization, what is a nearby school's rate? Applicants should be prepared to provide supporting documentation if requested.

	0-39%	40-64%	65-100%
School's Free/Reduced Cost Lunch %			

If chosen as a winner, will your organization be able to use all of the funds and implement programming by June 2026? Award funds will be distributed in two payments, September 2025 and January 2026, based on the grantee's budget.

- Yes
- No

If chosen as a winner, do you agree to interviews, site visits, and media requests from Mrs. Meyer's Clean Day and KidsGardening?

- Yes
- No

If chosen as a winner, do you agree to submit a short year-end report by June 2026 and a brief update after years two, three, and four?

- Yes
- No

Eligibility Results

Depending on your answers, the following messages might show:

- Based on your answers, you are not eligible for KidsGardening's grants in the 2025 grant cycle. For details on eligibility, please review our grant landing page.
- Thank you for taking the time to fill out the eligibility survey. Based on your responses, your program only partially aligns with our funding priorities. You are eligible to apply; however, programs with higher demonstrated need will align more closely with our funding priorities and therefore are more likely to be funded. For details on our funding priorities, including how we measure need, please review our grant landing page.

Contact and Background 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 Type
 - Nonprofit Organization
 - School (Public, Private, Charter, Head Start, Child Care, etc.)
 - University
 - Religious Organization
 - Group or Individual with Fiscal Sponsorship

- Organization or Group Name:
- Organization or Group Tax ID #:
- Organization or Group Address:
- Organization or Group's Mission (100 words maximum)
- Vacant Lot Garden Name:
- Vacant Lot Address:
- What is the total square footage of your lot?
- What is the square footage of your planned garden space?
- How many months of the year will the garden be used (activities, classes, meetings, programming, etc.)?
- What is the total budget for your vacant lot transformation garden project?
- How much funding has your organization already requested and/or received related to transforming this vacant lot into a garden? Write 0 if no funding.
- List the funding organization, amount, year, and if the request was funded or is pending. Write N/A if no funding. (150 words maximum)
- Has your organization applied for and/or received a grant from KidsGardening before?
 - Yes, applied and received a grant
 - Yes, applied but did not receive a grant
 - No
 - Other: _____

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

Garden Information

In this section, we want to learn more about your organization's interest in transforming vacant lots into gardens to grow compassion in your community. For two of the ten questions, you have the option of submitting a video or a text response. Please upload a different video for each question.

- 1. Why would your organization like to transform a vacant lot into a garden?
 - I will submit a video. (1 minute maximum)
 - I will submit a text response. (250 words maximum)
- 2. How will your garden help to grow compassion in your community?
 - I will submit a video. (1 minute maximum)
 - I will submit a text response. (250 words maximum)

3. What does the vacant lot look like? Please describe the landscape. e.g., water access, sunlight, soil type, nearby buildings, walkways, etc. (250 words maximum)

4. What will your garden include, and when will these features be built? Describe the garden growing spaces/features and your anticipated work plan from September 2025 - June 2026. (250 words maximum)

5. How will you use the grant funds? Provide a detailed itemized budget of when and how you will use the \$20,000 funding. (250 words maximum)

6. What needs, gaps, or challenges does your community experience that this grant will help address? (250 words maximum)

7. Who will lead your garden installation and future garden programming? Please list their names, roles, affiliations, and experience managing garden programs. (250 words maximum)

8. How will the community support your garden? (250 words maximum)

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

10. How will you sustain the garden program over time? (250 words maximum)

Required Attachments

1. Photos (Required). Attach 3-5 photos of the garden site or provide a link to the files below.

- Upload
- Link

2. Video (Required). Attach a video or provide a link to the file below, quickly showing the vacant lot space (1-minute maximum).

- Upload
- Link

3. Verification Document (Required). Please attach the following document verifying your organization's tax-exempt status or provide a link below.

- Upload
- Link

4. Land Ownership (Required). Attach or provide a link below to a letter of commitment from the land owner or proof of land ownership. Examples of proof of land ownership include, but are not limited to, a land deed, tax bill, etc.

- Upload
- Link

Optional Attachments

1. Garden Sketch, Land Survey, or Scale Map (Optional). Please attach a garden sketch, land survey, or scale map of the space. If you do not currently have this information, search for the address of your lot on Google Earth or Google Maps, or request the digital land records or parcel map information from your city.

- Upload
- Link

2. 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.

- Upload
- Link

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... (Optional, Select one)

- African American or Black
- Native American, Indigenous, or Alaska Native
- Asian or Asian American
- Hispanic, Latine/LatinX, or Spanish Origin
- Middle Eastern or North African
- Native Hawaiian or Pacific Islander
- Biracial or Multi-racial
- White

If biracial or multi-racial, would you like to elaborate? (Select all)

- 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
- Other: _____