

# Native Plant Educational Garden Application Form

Please complete this form. The order of the questions matches the order of discussion in the Habitat Restoration Manual. Questions may be directed to restoration.subcommittee@gnps.org.

1.	Name	of	organization	and/or
pr	operty	OV	vner:	

- 2. GNPS Liaison Name:
- 2a. GNPS Liaison Email:
- 2b. GNPS Liaison Phone Number:

Is the Project Manager the same person as the GNPS Liaison?

- 3. Project Manager Name (if Project Manager is different from GNPS Liaison):
- 3a. Project Manager Email
- 3b. Project Manager Phone Number
- 4. Name of property, address and any legal restrictions on the site:
- 4a. Please upload a map of the property:
- 5. Description of your project, including a plant list to be installed:
- 5a. Please upload a planting plan (sketch):
- 6. Description of the educational purpose of the project and the intended audience:
- 7. Timeline for implementation:
- 8. Budget needs and plant sources for your project:



- 9. Description of support available for your project (plants, funds, materials and/or labor):
- Description of support requested (plants, funds and/or volunteers): 10.
- If you are requesting funds, provide a statement of how much you are requesting (up 11. to\$200) including details of how the funds will be used:
- Plans for maintenance of project once completed (3 to 5 years): 12.

If you have an additional attachments you would like to include, please do so below. You can add multiple files by clicking "Browse Files" after adding a document.

### File Upload

## **Signature Page**

If this application is approved, I will be responsible for making the required progress reports, annual report (including photographs) and installation of GNPS signage provided.

If this project is approved for any requested funding, I will be responsible for submitting required receipts or documentation, in keeping with GNPS Financial Policies.

## **GNPS Liaison Signature**

#### **Date**

Please note: We ask for the GNPS Liaison to sign off on this application in order to ensure GNPS protocols are agreed to and followed. If the GNPS Liaison is not the Project Manager, we will request an additional signature on this completed application from the Project Manager to acknowledge that they understand and agree with the project parameters. GNPS will initiate that signature process.

Click below to submit you application. A member of the GNPS Restoration Subcommittee will be in touch!