



# LEXINGTON COUNCIL GARDEN CLUBS APPLICATION FOR PROJECT FUNDING

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Must be in Word or Adobe format

Or mail to: Ann Witherington, 2004 Lampton Circle, Lexington, KY 40514

**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 (up to \$500):**

**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: