

## ASLA COMMUNITIES GRANT

California Sierra Chapter  
American Society of Landscape Architects  
1400 S Street, Suite 100  
Sacramento, CA 95811

### BACKGROUND INFORMATION

The ASLA Communities Grant Program provides financial assistance to organizations geographically located within the ASLA California Sierra Chapter boundaries that are working to promote more vibrant, sustainable, resilient, exciting, and socially beneficial outdoor spaces and programs. (see the following website to determine if your project / program is eligible - <https://www.asla-sierra.org/communities-grant/>)

Projects / programs must be related to one of six community core benefits including: sustainability, education & research, environmental equality, outdoor recreation, ecosystem health, or public art. A maximum of \$1,000 will be awarded each year to the program(s) selected as most aligned with the goals and strategic plans of the Chapter. The Executive Committee of the Chapter will review all applications and rank them based on eligibility, applicability to community core benefits, and long-term benefit to their communities.

Eligibility: Any project/program that meets the following criteria is eligible for the grant:

- Project / Program is located within the Chapter's geographical region
- Applying organization has an office or branch within the Chapter's geographical region
- The project/program falls within one of the community core benefits
- Applying organization has tax exempt status or is sponsored by such an organization

Deadline: The submission deadline is 12:00 pm on August 17<sup>th</sup> 2018.

Awards: Award announcements will be made during the Design Awards Ceremony on November 2<sup>nd</sup> 2018.

### CONTACT INFORMATION

Agency/Organization Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Page Address WWW. \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Agency/Organization Legal Name: \_\_\_\_\_

Tax Status: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Fiscal Agent (If applicable): \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

***Important (please check when completed):***

Please include a cover letter on your organization's letterhead.

Please enclose or submit electronically to [webmaster@asla-sierra.org](mailto:webmaster@asla-sierra.org) a copy of your organization's/Fiscal Agent's Form 990, Form 990-EZ, or Form 990-N for your most recent fiscal year. If not attached, please provide reason:

- ☐ Exempt as a church, so not required to file
- ☐ First year in existence
- ☐ Other (please explain) \_\_\_\_\_

Please email your completed application to [grants@asla-sierra.org](mailto:grants@asla-sierra.org) or mail to the address above. The organization reviews grant applications annually. Only one application per agency/organization per year is accepted.

## AGENCY / ORGANIZATION INFORMATION

Brief summary of organization's history.



Brief summary of organization's mission and goals.

Description of current programs, activities and accomplishments.

## PROJECT / PROGRAM INFORMATION

Project / Program Title: \_\_\_\_\_

Location: \_\_\_\_\_

Project Period/Event Date: \_\_\_\_\_

Amount Requested (up to \$1,000): \_\_\_\_\_

Will you accept a partial grant award? (yes / no)

Total Project / Program Budget: \_\_\_\_\_

Geographic area(s) to be served: \_\_\_\_\_

Community Partners: \_\_\_\_\_

### Prior funding received from ASLA (list below)

Program Name/Type: _____	Date: _____	Amount: _____
Program Name/Type: _____	Date: _____	Amount: _____
Program Name/Type: _____	Date: _____	Amount: _____

### Community Core Benefits: Please check only one.

<input type="checkbox"/>	Sustainability	<input type="checkbox"/>	Educational & Research
<input type="checkbox"/>	Environmental Quality	<input type="checkbox"/>	Outdoor Recreation
<input type="checkbox"/>	Ecosystem Health	<input type="checkbox"/>	Public Art

## GRANT PURPOSE

Statement of needs/problems to be addressed (include a description of target population and how those individuals will benefit from these funds).



Description of project goals and objectives (include # of individuals impacted if applicable).

Plans to accomplish the goals, objectives and timeline for implementation of the project / program.

**Sustainability Plan:** Long-term strategies for funding this project / program.

**Evaluation Plan:** Description of how the success of the funded project / program will be defined and measured.

**Communication Plan:** Description of how the project / program progress and result will be communicated and to whom.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date