



## COMMUNITY PROJECTS PROPOSAL REVIEW APPLICATION/OVERVIEW

**The purpose of The Garden Club of Norfolk shall be to inspire the knowledge and love of gardening; to celebrate and practice the art of floral design; to support the restoration of historic gardens; and to actively conserve and protect our natural environment to ensure the preservation of America's beauty and natural heritage for future generations.**

*Proposals for funding must support the GCN mission with a focus on the city of Norfolk; however, the region of focus may be expanded to include adjacent cities and/or counties if the proposal's intent is to offer benefit(s) to the entire region of Tidewater Virginia. Restoration of public gardens; conservation and preservation of natural resources; horticulture and beautification of the natural environment; and education involving all of these pursuits are examples of potential areas of support. **Partnerships are encouraged.***

### Submission Deadline - March 1

*All proposals must be submitted by post OR email to the addresses noted below for receipt no later than March 1<sup>st</sup>. Please visit [www.thegardenclubofnorfolk.org](http://www.thegardenclubofnorfolk.org) for more information.*

**Address: The Garden Club of Norfolk, P.O. Box 11152, Norfolk, VA 23517**

**Email Address: [gcn1915@gmail.com](mailto:gcn1915@gmail.com)**

**Attention: Community Projects Review Chairman**

**Proposing Organization:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_ **Street no. or post office box** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

\_\_\_\_\_ **Email Address** \_\_\_\_\_ **Office Phone** \_\_\_\_\_ **Mobile Phone** \_\_\_\_\_

\_\_\_\_\_ **Website** \_\_\_\_\_

**Provide a brief description of your organization's mission (short paragraph max).**

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**Please provide below and/or attach no more than a 1/2 page (250 word max) description of the project defining its support for the GCN mission and anticipated benefit to the community.**

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**Specify monetary grant or other support requested. Attach documentation to include budget if available.**

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**Point of Contact (if different from above):** \_\_\_\_\_

**Name**

**title/position**

**Email address**

**Home Phone**

**Office Phone**

**Mobile**

**Date received by GCN** \_\_\_\_\_