Our mission is to coalesce, inspire, and support the Head Start field as a leader in early childhood development and education.

**Garden Grant Application Questions**

*For reference only — please apply online at go.nhsa.org/Gardens*

**Application Information**

1. First Name
2. Last Name
3. Title
4. Email
5. Phone

**Program Information**

1. Organization Name
2. Organization Mailing Address 1
3. Organization Address Line 2
4. City
5. State
6. Zip Code
7. Organization Website
8. FED ID or TAX ID #
9. Upload your organization's W-9 Form
10. What is your Head Start program's funded enrolled annually?

**Current Garden Information**

1. Do you have an existing garden at your Head Start program?
2. Garden Name
3. Garden Manager First Name
4. Garden Manager Last Name
5. Garden Manager Email
6. Garden Manager Phone
7. Garden Site Address 1
8. Garden Site Address 2
9. City
10. State
11. Zip Code
12. Does your organization own the property where your garden is or will be located?
13. If the property is owned by someone else, do you have permission to build or expand a garden on this property?
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Additional Application Questions

1. Provide a brief summary of your garden project. Please include the main objective of the garden, target audiences who will be served, and the need and impact of your garden project. (Limit 500 words)

2. Describe what your organization will build, enhance or change using the grant funds. Please be specific as possible. (Limit 300 words)

3. Please select the groups who will be involved in your garden project. (select all that apply)

4. If you selected other, please describe.

5. Describe how you will incorporate the garden into the educational objectives of your Head Start classrooms (Limit 300 words)

6. Do you plan to include educational activities for Head Start families and caregivers about gardening and nutrition?

7. If you answered yes to the above question, please describe your plans for educating parents, caregivers, and families members with your garden project.

8. Are you requesting grant funds for a new or existing garden project?

9. If possible, please upload up to 3 photos of your current or future garden site.

10. Identify the item in the drop-down menu that best describes the size of your garden project

11. If selected "other" enter the approximate square footage of the garden space.

12. Please select what type of garden(s) you plan to build?

13. If you selected other, please describe.

14. What do you plan to grow in your garden?

15. Estimate the number of children who will be directly engaged in and benefit from the garden project.

16. Estimate the number of family and community members who will be directly engaged in and benefit from the garden project.

17. What are the plans for any produce harvested from the garden?

18. If selected other, please describe other plans for any produce harvested from the garden.
19. Are you currently working with any community partners to plan for your garden project?

20. If you selected yes, please list the community partners you have engaged in planning this project.

21. Identify how your organization plans to take care of the garden and sustain it year after year. List any additional funding or community partner organizations that may support the garden moving forward. (Limit 300 words)

22. Describe your plan to share news and educate the community about the garden. (Limit 300 words)

23. Do you have social media accounts to share your program's progress and successes broadly?

24. Name of the person who will lead social media sharing and community outreach
   a. Facebook
   b. Instagram
   c. Twitter

25. Is your program director or chief executive officer aware of and in support of this application?

26. Please attach a very brief statement of support from program leadership which demonstrates their interest in the garden, intention to integrate it with educational programming, and desire to support the success of the garden over time. This can be a Word document, PDF, or email saved as a PDF.

Grant Conditions

1. To use the funds only for the designated purpose as described in the grant application and subsequent grant notification letter and not for any other purpose without the National Head Start Association’s (NHSA) prior written approval.

2. To notify NHSA immediately of any change in (a) Organization’s legal or tax status, (b) Organization’s executive or key staff responsible for achieving the grant purposes, (c) Organization’s ability to expand the grant for the intended purpose, and (d) any expenditure from this grant for any purpose other than those for which the grant was intended.

3. To give NHSA reasonable access to the grantee’s files and records for the purpose of making such financial audits, verifications, and investigations as it deems necessary concerning the grant, and to maintain such files and records for a period of at least four years after completion or termination of the project.
4. To not expend any grant funds for any political or lobbying activity or for any purpose other than one specified in section 170(c)(2)(b) of the Code.

5. To return to NHSA any unexpended funds or any portion of the grant that is not used for the purposes specified herein.

6. To allow NHSA to review and approve the content of any proposed publicity concerning this grant prior to its release and to recognize NHSA and The Scotts Miracle-Gro Foundation (the “Foundation”) in all publicity materials related to the funded project or program, as specified in the grant notification letter.

7. To allow NHSA and the Foundation to include information about this grant in periodic public reports, newsletter, news releases, social media postings, and on their respective website. This includes the amount and purpose of the grant, any photographs you have provided, your logo or trademark, and other information and materials about your organization and its activities.

8. To submit a written report summarizing the project promptly following the end of the period during which you are to use all grant funds and to submit any interim reports NHSA may require. Your reports should describe your progress in achieving the purposes of the grant and include a detailed accounting of the use and expenditure of grant funds.

9. To cooperate fully with NHSA to assure that NHSA is able to satisfy all of the requirements of an “expenditure responsibility” grant in accordance with the terms of the Internal Revenue Code and the regulations thereunder. NHSA reserves the right to discontinue, modify or withhold any payments under this grant award or to require a total or partial refund of any grant funds if, in NHSA’s sole discretion, such action is necessary: (a) because you have not fully complied with the terms and conditions of this grant; (b) to protect the purpose and objectives of the grant or NHSA’s charitable activities; or (c) to comply with the requirements of any law or regulation applicable to you, NHSA, the Foundation, or this grant.