



**2026**  
**Up to \$500 Grant Application**  
**Porter County Master Gardeners Association (PCMGA)**  
Purdue University Cooperative Extension Service, Porter County  
155 Indiana Avenue, Suite 301, Valparaiso, IN 46383  
Phone 219-465-3555

**Please email completed application to [pcmastergardener@gmail.com](mailto:pcmastergardener@gmail.com) or bring to the Porter County Extension Office by February 28, 2026 postmark by February 24, 2026. Late applications will be considered in on May 31, 2026, if funds are available.**

Name of applicant (contact person) \_\_\_\_\_

Name or organization involved (if any) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name of volunteer project \_\_\_\_\_

Location of project if different from above address: \_\_\_\_\_

Please describe in detail the project you are proposing. Be sure to include who will benefit from the project described. You may attach additional sheets as needed

---

---

---

---

---

---

---

---

---

---



Please provide a list of prices and materials needed for the project. Attach additional sheets if necessary.

Materials Description	\$ Amount

What is the total cost of this project? \_\_\_\_\_

How much money are you requesting from the PCMGA? \_\_\_\_\_

Do you have other funding to complete this project? If yes, what is the source of this funding?  
\_\_\_\_\_

Will this project be completed this year? \_\_\_\_\_ If not, when will it be completed? \_\_\_\_\_

Who will be responsible for maintenance of this project once it is completed? (name and contact number) \_\_\_\_\_

IF THIS IS AN EDIBLE GARDEN:

Does the plot get at least 6 hours of sun daily? \_\_\_\_\_

Are resources available to plant, water, weed and harvest for the entire growing season? \_\_\_\_\_

What food pantry/group will receive the food? \_\_\_\_\_

I have read the grant guidelines on [pcgarden.info](http://pcgarden.info). I certify that all information on this form is true and factual. I agree that the PCMGA may use this information and other information provided by me in connection with this program for purposes of news and publicity in all media, including but not limited to print and electronic media, social media, internet websites, and video presentations.

If I receive this grant, I will coordinate with a member of PCMGA to visit and photograph the progress on this project.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_