

**Kudzu**

**Matching Grant Application Form**

***Our Purpose: We offer Matching Grants for kudzu eradication***

***projects that enhance the appearance of public spaces in Polk County.***

***The commission is dedicated to plantings of native trees, bushes and flowers.***

Date of Application:

Name of Organization:

Address:

Telephone Number:

Email:

Organization’s Tax Identification Number:

What is your nonprofit status?

Summarize your organization’s mission in the space provided:

Name and Title of Head of Organization (CEO/Exec. Director/President/Board Chair)

Name:

Title:

Telephone Number:

Email:



Your designated representative for grants (Only fill in the gray area if different from above).

Name:

Title/Role in the organization:

Telephone Number:

Email:

Brief Project Description:

Grant Request Amount:

Total Project Budget:

Signature of Head of Organization:

**When completing this application, please consider the following:**

**Note that Total Project Budget must be double the amount of the Grant Request Amount as this is a Matching Grant.**

**Grant Guidelines: The Appearance Commission will seek to award kudzu eradication grants in diverse locations throughout the geographic area of Polk County.**

**Kudzu eradication is a problem that needs continual surveillance for years. We would like to see how you plan to monitor and control kudzu in the future.**

**REQUIRED ATTACHMENTS:**

1. Attach a detailed project budget on a separate sheet to include itemized quotes for equipment or products to be purchased, and, if any, in-kind work expected ( # volunteers X # hours @$20 per hour)
2. Include “before” pictures. Pictures after the completion of the project will be due with the final report.
3. Project Assessment (page 3)–completed by qualified individual, County Extension Agent, or company willing to do kudzu removal. A list of companies is provided on our website: <https://www.beautifulfoothills.org/>

**OPTIONAL ATTACHMENTS:**

Your application may be stronger if you include one or two hand signed letters of support from individuals familiar with or who will benefit from this proposed project.

**After completion of the application and supporting documents:**

1. Save it to your computer

2. Attach it to your e-mail and

3. Email it to: [beautifulfoothills@gmail.com](file:///C%3A%5CUsers%5CMikeD%5CDesktop%5Cbeautifulfoothills%40gmail.com) 

**Project Assessment**

**NAME OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. Describe your proposed kudzu eradication improvement project

 Provide samples like “before” photographs or a rendering:

 show size; location on property and buildings in relation to the kudzu patch

1. Describe the method you will use to remove kudzu.

1. If spraying herbicides is part of the kudzu eradication, what are these herbicides?
2. If spraying, who will be responsible to perform this work?
3. How far from a waterway is the property? What is the minimum safe distance from a waterway that is recommended for the herbicides that will be used?

(Note: chemicals used along waterways should be approved for aquatic use.)

1. What will replace the kudzu? Describe the maintenance plan, not only this year but in the future, to illustrate your willingness to prevent any future encroachment of kudzu. Include your plans to replace kudzu, i.e. native plants, grasses, trees, garden.

 Prepared by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Company Name, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_