



The
Federated Garden Clubs
of Connecticut, Inc.

GARDEN THERAPY GRANT PROGRAM

Guidelines

The Federated Garden Clubs of Connecticut, Inc. encourages the wellbeing of those whose lives have been affected by illness, injury, social and economic problems, or psychological and developmental disorders, through the healing process of Garden Therapy. Gardening, flower arranging, and horticulture-related activities may relieve stress, depression and anxiety, as well as help a person gain confidence and a sense of purpose. Garden Therapy positively affects quality of life, physical activity levels, and cognitive function of those who are exposed to its healing powers.

Grants are available for proposed Garden Therapy projects conducted by member Garden Clubs. In order to be considered for funding, the applicant shall submit the FGCCT Grant Application before the planned project begins. Projects should provide hands-on activities to residents or members of nursing homes, assisted living facilities, hospitals, correctional facilities, or other worthwhile organizations. Applications should be sent to the FGCCT Garden Therapy Chair. The Garden Therapy Committee will review applications as they are received throughout the year. The Garden Therapy Chair will notify the club of the project's approval, or will request additional information. Garden Therapy grant funds are limited, and will be awarded to qualified applicants for as long as funds are available. Clubs receiving grants are expected to complete their projects within a reasonable time period, and any unused monies must be returned to The Federation.

Keep a copy for yourself and send a copy of the application and financial statement to:

Peggy Lajoie, Garden Therapy Chair
12 Eastview Road
Southington, CT 06489
gardentherapy@ctgardenclubs.org

Send photographs, proof of expenditures and any public relations coverage of the completed project to the Garden Therapy Chair. Grant recipients are strongly encouraged to apply for state awards in the appropriate categories.



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GRANT APPLICATION for GARDEN THERAPY PROJECT

Garden Club _____

President _____

Address _____

Phone _____ **Email** _____

Project Contact _____

Address _____

Phone _____ **Email** _____

Brief summary of proposed project:

We agree to all guidelines for this grant program and we pledge to utilize the grant funds for the stated purpose or agree to return said funds to The Federation.

Signature _____ **Title** _____ **Date** _____

