



PENNSYLVANIA HEARTLAND HERB SOCIETY
A UNIT OF THE HERB SOCIETY OF AMERICA

129 Fox Hill Drive
Wernersville, PA 19565
www.paheartlandhsa.org



COMMUNITY HERB GARDEN GRANT APPLICATION

Organization Name: _____ Federal EIN: _____

Organization Contact Name: _____

Address: _____

Phone: _____ Email: _____

Brief Profile of Organization:

Location of garden project:

Describe purpose of funds requested, including a project budget.

Amount Requested _____ Date: _____

Complete application (use additional pages as needed) and send to:

PHHS c/o Diane Schuster, 129 Fox Hill Drive, Wernersville PA 19565

or send as an email attachment to: diane.schuster16@gmail.com

Application must be received by March 10th of the current year.