

GREENFINGERS

Garden Application Form

Part 1 – to be completed by the hospice on application to Greenfingers charity for support for creating a new or refurbishing an old garden.

1.	Name of hospice:	
2.	Address:	
	Post code:	
3.	Contact person 1:	
	Telephone number:	
	e-mail:	
4.	Contact person 2:	
	Telephone number:	
	e-mail:	
5.	Is the hospice a member of the Association for Children's Hospices?	YES / NO
	If NO, is it a member of another organisation?	YES / NO
	If YES, please state which	
6.	What age range (s) of children and / or young people does the hospice accommodate?	0 – 8 years 9 – 13 years 13 – 16 years 16+ years
7.	What is the approximate size of the garden(s) area to be redeveloped?	Sq m

8.	What is the current condition of the area to be developed? eg grass, paving, planted	
9.	Do you have a site plan?	YES / NO
	If YES, please provide a copy with this application	
10.	Please give a brief description of what you want the garden(s) to achieve for the hospice.	
11.	If you have a theme in mind (ie sensory, play, relaxing) please specify	
12.	On average how many people do you expect to use the garden(s) once completed?	
13.	How will the beneficiaries be involved in the garden design and planning?	
14.	Do you already have a design and an estimated cost? (NB it does not matter if you do not)	YES / NO
	If YES please provide copies with this application	
15.	Hospice financial information – please provide:- Annual income Annual expenditure Surplus / deficit Reserves	
16.	Have any funds already been raised by the hospice towards the cost of the garden?	YES / NO
	If YES, please indicate how much has been/is expected to be raised	

17.	By when would you like the garden improvement to be completed?	
18.	Have you previously received support from Greenfingers?	
	Please specify.	
19.	How did you hear about Greenfingers?	
20.	Provide any other relevant information.	