



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 @\$25 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/kudzu-matching-grants>

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 email it to: polk.nc.kudzu@gmail.com
3. OR, mail the application to Polk County Appearance Commission, P. O. Box 308, Columbus, NC 28722
ATTN: Kudzu Grants Committee

If you mail the application, send an email to our email notifying us that the application was mailed.

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1. Describe your proposed kudzu eradication improvement project.
 Do and/or a rendering:
 show size; location on property and buildings in relation to the kudzu patch

2. Describe the method you will use to remove kudzu. (i.e., chemical spray, manual removal, etc)

3. If spraying herbicides is part of the kudzu eradication, what are these herbicides?

4. If using chemical spraying, who will be responsible to perform this work? If the person doing the
 Do License number and a copy of
 their certificate.

5. How far from a waterway is the property? (Note: chemicals used along waterways should be approved for aquatic use.) If chemical treatment is to occur near a Designated Trout Stream an indicator dye must be used for any foliar applications.

6. 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. How will this be funded?

Prepared by: _____

Company Name, if any: _____

Date: _____