Council Member _____ made a motion to approve the following resolution. The motion was approved by a vote of ____ to ____.

A RESOLUTION AUTHORIZING THE PURSUIT OF GRANT FUNDING FOR A PART-TIME ASSISTANT GARDEN MANAGER AT THE DR. JOHN WILSON COMMUNITY GARDEN

Resolution # R-26-___

WHEREAS, the Dr. John Wilson Community Garden, operated through the Town of Black Mountain Recreation and Parks Department, provides vital community programming, food donation efforts, educational opportunities, rental plots, and volunteer experiences; and

WHEREAS, the part-time Assistant Garden Manager position is currently funded for FY2026-2027 through a grant received by the Friends of the Dr. John Wilson Community Garden; and

WHEREAS, the position has proven vital to the Garden by supporting daily operations, the Growing for Donation Program, rental plots, volunteer coordination, educational programming, and infrastructure projects, while allowing the Garden Manager to focus on administration, partnerships, fundraising, and long-term improvements; and

WHEREAS, the Garden continues to face increased demand for donated produce, community plots, volunteer opportunities, and programming, and continued staffing is necessary to maintain these services and protect the progress made through recent grant-funded improvements; and

WHEREAS, the Town of Black Mountain seeks to apply directly for the same grant opportunity through the Community Foundation of Western North Carolina Human Services and Education Fund, in an amount up to $25,000, to continue the part-time Assistant Garden Manager position for FY2027-2028.

NOW, THEREFORE, BE IT RESOLVED by the Town Council of the Town of Black Mountain that Town staff are hereby authorized to apply for grant funding through the Community Foundation of Western North Carolina Human Services and Education Fund, in an amount up to $25,000, to support a part-time Assistant Garden Manager position at the Dr. John Wilson Community Garden for FY2027-2028.

Adopted this ____ day of _____, 2026.

_____
Mayor

ATTEST:

_____
Town Clerk