

Partner Garden Application



Name of Organization _____ Head of Organization's Name _____

Site Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

What is the main focus of your organization's work: _____

Garden/program demographics:
of individuals served by garden program _____ % low income (qualify for SNAP, WIC) _____

% in age range (0-6) _____ (7-11) _____ (12-18) _____ (18-55) _____ (55+) _____

% people of color served _____ Languages served _____

Name of person filling out application (Project Contact): _____

Name _____ Position/Title/Relationship to Organization _____

Phone _____ Email _____

Project Description

1. Does your site have an existing garden? yes no

If **yes**, describe in what ways the garden is used, maintained and managed:

If **no**, do you have a site identified and approval from your organization? yes no

2. Please describe any established goals for the garden space/program:
 What do you and/or your Garden Committee hope to achieve with a Growing Gardens partnership?
 What are your goals?

Resources - What resources or funds, if any, do you have available for materials and supplies for this project?

Amount	Funding Source & details

Do you have a dedicated staff member who can partner with Growing Gardens on collaborative fundraising? yes no I do not know

If yes, what is their name, email and phone? _____

Partners - What other partners/agencies have been identified or could be identified to work with this project? Please distinguish existing partners from potential partners.

Partner	Role <i>(Please distinguish existing partners from potential partners)</i>

3. Does your garden have an established Garden Committee? yes no I do not know

If yes, please list the committed members of your garden committee and their relationship to the organization and role). If you don't have a garden committee, please explain how your program will form a Garden Committee and what you hope to achieve with this group.

If selected as a Partner Garden, we understand that we will be expected to:

- ✓ Commit 3 years to this partnership
- ✓ Organize a Garden Committee that will meet quarterly
- ✓ Identify a lead person to communicate on a regular basis with Growing Gardens staff
- ✓ Complete in-take forms and paperwork as needed
- ✓ Commit staff/volunteer time to help coordinate the garden program
- ✓ Help recruit eligible families into the Home Garden program
- ✓ Identify and secure resources, supplies & tools for the project
- ✓ Get your organization's approval for the project if garden will be built or renovated
- ✓ Participate in evaluation of partnership (i.e by providing feedback once a year on an online survey)
- ✓ Agree to create & follow a Memorandum of Understanding (MOU) for a partnership with Growing Gardens, to be completed during the first month after partnership is officiated.

Head of Organization's signature

Date

Project Contact's signature

Date

We help people grow their own food!

2203 NE Oregon Street, Portland OR 97232 (p) 503.284.8420 (f) 503.280.0603 www.growing-gardens.org
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