



Build-a-Garden Program Organization Application

No participant will be discriminated against because of race, sex, national origin, disability, or age.

The Food Project

Organization Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____ Phone Number: _____

Email (Please write clearly): _____

Community Cluster: _____ I want to be a cluster leader.
_____ Match me with a cluster.

Are there staff members who have gardening experience? yes no

How many participants will be involved with the garden? _____

What is the age range of the participants who will work in the garden? (circle all that apply)

Under 6 6-11 12-17 18-25 26-65 over 65

How often can your group work in your garden? _____

Is there a ready source of water? _____

Do you have a space that gets 6-8 hours of direct sun in the summer? yes no not sure

How did you hear about The Food Project Build-a-Garden Program? _____

Please provide a brief description about your program or organization. _____

Please explain your plans for how the garden will be cared for (May-October). _____

What goals do you hope to accomplish with your garden? (please check all that apply)

_____ Cook together _____ Improve access to fresh foods _____ Spend more time outside
_____ Nutrition education/healthier food choices _____ Learn about where food comes from

Additional goals: _____

Please describe how you feel your organization or program will benefit from having a garden.

Please return your completed application to:

The Food Project • 555 Dudley Street • Dorchester, MA 02125

email: buildegarden@thefoodproject.org phone: (617) 442-1322 x12 fax: (617) 442-7918

Once this application is received, The Food Project will contact you to schedule a site visit. Payment is due at the site visit. You can also enclose a check with your application, payable to The Food Project. It will not be cashed until your organization is accepted into the program.

Office Use Only

Cluster Leader:

Cluster Name: