

# 2013 FFA - Growing Together

To receive a refractometer/sap extractor, we ask that each interested FFA/school:



- Complete the information below
  - Confirm that food service is willing to offer a garden item in a school meal
  - Provide signature of school principal or authorizing administrator
  - Complete and submit the School Garden Harvest Inventory
  - Be willing to plant fruits/vegetables (specialty crops)
  - Agree to teach curriculum pertaining to the garden project
  - Provide us with a summary of the findings/data resulting in the use of the refractometer for one (1) specialty crop
  - Appoint one student representative to provide feedback
- Complete the Performance Report and return it to us by November 1, 2013  
Provide us with any pictures, comments, press used in conjunction with this project  
Submit this request by March 15, 2013

IDALS will provide:

- Refractometer with hard case and instructional information to selected FFA chapter
- Sap extractor  
(refractometers are limited, qualifying applications will be picked on a first-come, first-serve basis)

Please email this form or fax it to us by March 15 at 515-281-6178

## 2013 Participation Form

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Email: \_\_\_\_\_

Food Service representative: \_\_\_\_\_ Email: \_\_\_\_\_

Principal Name: \_\_\_\_\_ Federal Identification #: \_\_\_\_\_

School Name: \_\_\_\_\_

School Address \_\_\_\_\_

School Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_

Will you be creating or expanding a school garden?  Creating  Expanding

Please list the items will you plan to plant? \_\_\_\_\_

Will you plant any items you have not grown in the past?  Yes  No

If yes, what new items do you plan to plant? \_\_\_\_\_

Does your school/FFA have a greenhouse?  Yes  No

Do you have an approved location to establish a garden?  Yes  No

Please describe briefly proximity to school \_\_\_\_\_

Is it in a visible location to parents/visitors?  Yes  No

Is there any protection from vandalism or contamination?  Yes  No

Who will maintain the garden when school is not in session?  school staff  student  volunteer

How many FFA students will be involved with the garden? \_\_\_\_\_

What is the name of the FFA student representing your group? \_\_\_\_\_

What email address can be used for your student representative? \_\_\_\_\_

Is food service willing to incorporate a garden item in a school meal?  Yes  No

Do you want your FFA to be listed (as a grower) in a directory for food service?  Yes  No

Are you interested in selling fruits/vegetables to other schools in the future?  Yes  No

Please list any other comments:

By signing here you authorize the school to participate in this “FFA-Growing Together” initiative.

\_\_\_\_\_  
Printed name of authorized school representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions regarding this funding contact

Tammy Stotts

[Tammy.stotts@iowaagriculture.gov](mailto:Tammy.stotts@iowaagriculture.gov)

515-281-7657