



2014 A Garden is the way to Grow

Funds for this project provided by a USDA Specialty Crop Block Grant



To apply for these funds, we ask that your school agree to the following:

- Complete the information below
- Provide signature of administrator authorized to execute contracts on behalf of the School District
- Show adequate support to plant and tend the garden throughout the growing season
- Be able to pick up the garden supplies from the Wallace Bldg., Des Moines the week of March 31-April 4th
- Do one of the following:
 - Be willing to plant a garden on school property consisting of fruits/vegetables (specialty crops)
 - Be willing to expand your garden by planting at least 3 new fruits or vegetables
 - Work with food service to get garden products incorporated into a school meal
- Explain or describe how the food grown will be used (lunch/sampling/food demo)
- Agree to incorporate a lesson relating to the garden project
- Watch the three short videos (3-5 min.)
- Complete a garden summary
- Complete the Performance Report and return it to us by November 1, 2014
- Provide us with any pictures, comments, press used in conjunction with this project
- Submit this request by March 20, 2014

IDALS will provide:

- **Garden Tools discussed within the 3 videos on watering, weeding and season extension**
 - This will include watering wand, soaker hose, Weed, Disease and Insect ID Guide, Vegibee (pollinating wand), stirrup hoe, low tunnel with row cover, garden rain gauge/thermometer
- **\$150 to plant the seeds of a successful garden by purchasing additional garden supplies that you need**

Please email this form or fax it to us by March 20 at 515-281-6178

Selected applicants will be notified by March 26, 2014, priority will be given to first-time applicants

2014 Participation Form

Name: _____ Position: _____

Name of School Official authorized to execute contracts on behalf of the School District:
_____ School Dist. Federal Id#: _____

School Name: _____ Grades served: _____

School Address (where garden will be located) _____

School Dist. Main Office Address: _____

City _____ County _____ Zip _____

Email of applicant: _____

Which of the following apply to your school: (check all that apply)

- First time applicant for a Garden is the Way to Grow Initiative
- Do not currently have a school garden, will establish one
- Have a school garden, will expand it
- Have a school garden, will work with food service to get an item incorporated into meal

For applicants establishing a new garden

Have you/will you apply for any other funds to establish this garden? Yes No

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

Please briefly describe location _____

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

Is there any protection from vandalism or contamination? Yes No

Who will be the primary person responsible for the garden? _____

Does the primary gardener have gardening experience? Yes No

For applicants with an existing garden

If you will be expanding your garden, what new items will you plan to plant?

Were any garden foods served as part of a school meal last year? Yes No

Will you work with school administrators and food service to get an item from the garden incorporated into a school meal? Yes No

For all applicants

Who will maintain the garden when school is not in session? _____

What grades will be primarily involved with the garden? _____

Approximately how many people will be involved in the garden? _____ Adults _____ Students

How many students do you anticipate will benefit from the garden initiative? _____

What will you do with the food you grow? (check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Classroom education | <input type="checkbox"/> Taste tests or cooking | <input type="checkbox"/> Used in school meal |
| <input type="checkbox"/> Donated | <input type="checkbox"/> Children take home | <input type="checkbox"/> Other, please describe |

Describe in a few sentences your garden project. _____

If approved, how will the funds provided to you be spent? (list items & cost estimates of each item you intend to purchase) _____

By signing here you authorize the school to participate in this “Garden is the Way to Grow” initiative. Schools participating in this initiative will be required to complete a Financial & Performance Report.

Signature and printed name of authorized school representative Date

Refer questions regarding this initiative to: Tammy Stotts tammy.stotts@iowaagriculture.gov 515-281-7657