



7066 Interstate Island Road Syracuse, New York 13209 315.437.1899 foodbankcny.org

Garden Grant Application 2016 - 2017

This award is for Food Bank of Central New York partner agencies only. The grant provides reimbursement for up to \$250 of garden supplies and is not a monetary award. If you have questions, please call Beth Seeley, Community Nutrition Educator at (315) 437-1899 ext. 222.

I. Contact Information

Agency Name: _____ Agency ID #: _____

Main Contact Person & Garden Director: _____

Phone: (____) ____ - _____ E-Mail _____ Fax: (____) ____ - _____

Agency Street Address: _____

City: _____ State: _____ Zip: _____

Garden Address: _____

City: _____ State: _____ Zip: _____

Please check that you have the required resources at your garden site:

Easy access to water

8 hours of sun

Approval from the garden site

Garden site contact: _____ Phone: (____) ____ - _____

E-Mail: _____ Fax: (____) ____ - _____

Name three volunteers that will be helping with the garden and their contact information:

1. Name _____ Phone (____) ____ - _____

E-Mail _____

2. Name _____ Phone (____) ____ - _____

E-Mail _____

3. Name _____ Phone (____) ____ - _____

E-Mail _____



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II. Project Description

- A. Please provide a short description of the garden project for which you are requesting funds and indicate why you would like to start a garden or expand an existing one. Include the overall goal(s) for the project.
- B. What percentage of the households you serve have incomes at or below 185% of the poverty level? _____
- C. Has your organization received a garden grant from the Food Bank before? (circle one) YES NO
- D. Please describe the site location in further detail. Important: Please attach a letter of approval from the garden site for the grounds to be used for the garden on the letterhead of that organization (This is only required for new gardens)
- E. Please provide a description of how the garden will continue to be funded after the first year of implementation. Be specific about how the garden will be incorporated into your current programming.



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III. To receive a garden grant from Food Bank of Central New York, the agency coordinator must agree to the following:

I, _____, from _____ agree to the following
(Coordinator/Garden Director Name) *(Agency)*

conditions in order to receive a grant for supplies to start or enhance a garden at our specified garden site location:
(Please check all to indicate agreement.)

- The food produced by the garden will be tracked by the garden director, and submitted to Food Bank of Central New York at the end of the growing season along with photographs of the garden.
- If the garden were to close, Food Bank of Central New York will be notified in writing and the supplies will be returned to the Food Bank.
- The food produced by the garden will not be used for personal use, but will be distributed to individuals in need and cannot be sold for profit.
- Your organization releases Food Bank of Central New York from any liability resulting from the condition of the food grown from supplies provided; your organization holds Food Bank of Central New York harmless against any liabilities, damages, losses, claims, causes of actions, and lawsuits attributed to you or your personnel in connection with the storage and use of products received or grown from materials supplied by the food bank.
- Your organization agrees to treat each garden volunteer, individual, and household receiving food from the garden, in a fair and equitable manner.
- Your organization is required to purchase garden materials and then submit tax free receipts for reimbursement to Food Bank of Central New York. Reimbursement is limited to a maximum of \$250.00 and will only be provided for the following items: compost, soil, soil testing, vegetable/fruit seedlings and/or seeds, barrel garden planters, raised beds, supplies needed to garden (ie. gloves, trowel, shovels, clippers)

Coordinator/Garden Director Name (print): _____ Title: _____

Signature: _____ Date: _____

Please mail, email or fax completed application to: Beth Seeley, Community Nutrition Educator
bseeley@foodbankcny.org
Food Bank of Central New York
7066 Interstate Island Road, Syracuse, NY 13209
Fax: (315) 434-9629

