

Attachment 1: Participant Letter of Invitation

Dear Potential Gardener,

Do you like the idea of growing delicious fruits and vegetables in your own yard? If so, you might be interested in *Your Project's Name's* home gardening project. The goal of the project is to help folks who may be struggling with grocery bills to eat more fruits and vegetables by growing their own produce. Home gardening reduces costs, transportation, and storage and spoilage problems of fresh foods. And, it's a lot of fun!

This project will create home gardens provided at no cost to qualifying participants. To be eligible, you or someone in your household must receive medical coupons and/or food stamps. Knowing how to garden is not necessary-- just the desire to learn and to eat your own fresh produce.

One 4' x 8' wooden raised bed will be installed in a sunny spot in your yard. A crew will build the frames, fill them with soil, and provide seeds and vegetable starts. An "All New Square Foot Gardening" book and garden tools will be supplied. Experienced garden mentors will provide ongoing gardening education and support to you. Maintaining the garden is easy since it's so small. But don't let the small size fool you; a well-planned raised bed can grow lots of produce.

To apply, please fill out the enclosed forms. Selection will be based on the completed application with landlord approval, verification of a medical coupons or food stamps for at least one household member, and a commitment to tending the garden throughout the growing season.

Deadline for applications is 00/00/00. All applicants will be informed of acceptance by 00/00/00.

Thank you for your time and interest.

Name
Project Director

Name
Project Coordinator

Attachment 2: Landlord Agreement/Participant Covenant

Covenant for Participation in *Your Project's Name* Food Gardening Project 2009

I/we, _____, are applying for acceptance to the *Your Project's Name* Food Gardening Project. I/we understand that project staff and volunteers will install a raised bed, provide soil, seeds, and starts to plant our garden, and that I/we will be paired with a garden mentor for support and education.

By signing below I/we confirm that I/we have obtained permission from our landlord(s) to participate in this project. I/we commit to planting, tending, and harvesting our garden throughout the 2009 growing season. I/we also agree to fully participate in project activities including allowing photographs of our garden. I/we will not hold ***your organization*** or any participating organization liable for any damages or injuries incurred during this project.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____

I/we own our home: _____ Date: _____

I/we, _____, owners/landlords of the property at _____, agree to my/our tenant's participation in the *Your Project's Name* project. I/we understand that participation involves installation of one 4' x 8' raised bed of wood construction including digging up the ground within the raised bed. I/we agree not to hold ***your organization*** responsible or liable for any damages to my/our property due to participation in this project. You may contact me at (phone) _____ or (e-mail) _____ to verify confirmation.

Signed: _____ Date: _____

Signed: _____ Date: _____

Attachment 3: Pre/post Survey

Your Project's Name Food Gardening Project Initial Survey, 2009

Thank you for your interest in food gardening. To help make this project a success, we need your input. Please answer the following questions and then return this survey with your covenant and photo release.

1. How much gardening experience do you have?

none very little some quite a bit I'm an expert gardener

2. Growing produce (fruits and vegetables) for myself and my family is important because:
(please circle all that apply)

- a. It's fresher
- b. It's readily available
- c. It's safer
- d. It's cheaper
- e. Maybe my children will eat more if we grow it
- f. Maybe I and other adults in my home will eat more if we grow it
- g. It's not important
- h. Other:

3. How would you rate your ability to provide nutritious foods for your family?

very limited limited Ok good very good

4. How many servings of produce do you usually eat each day?

0-1 2-3 4-5 5 or more

5. How many servings of produce do you serve your family each day?

0-1 1-3 3-5 5 or more

6. How much time do you spend doing activities outside (including gardening) each day?

0-1 hour 1-3 hours 3-5 hours more than 5 hours

7. How would you rate your level of physical activity?

low somewhat active moderately active very active

8. What benefits do you hope to gain/did you gain for yourself and/or your family by growing a garden? (please circle all that apply)

- a. bigger food supply/ save money on groceries
- b. bring family together on an activity
- c. increased physical activity
- d. better nutrition for self and/or family
- e. sense of accomplishment
- f. create new and/or better relationships
- g. improved health for self and/or family
- h. opportunity to share with others
- i. no benefits expected
- j. other:

How many people will/did help tend your garden and how many people will eat/ate from your garden?

Tended by:

Adults: _____

Children (1 - 18 yr.): _____

Babies (birth - 1 yr): _____

Eat from:

Adults: _____

Children (1-18 yr.): _____

Babies (birth - 1 yr): _____

Any other comments welcome:

Attachment 5: Mentor Letter of Invitation

Dear Potential Garden Mentor,

Your Project's Name is developing a project to promote home gardening among *your target group*. This project involves ___# of people/families in *specific place or area*. The selected participants have (completed a survey) and signed a covenant agreeing to tend their garden throughout the growing season.

Partner has agreed to build and install 4' x 8' wooden raised bed frames. *Partner* will also fill the beds with a special organic soil mixture so the beds will be and ready to plant the same day. We hope to install the beds early to mid-March/April. Plant starts are awaiting us from *your source*. We will purchase other starts and seeds as per participant request. While the focus is vegetables, herbs and flowers will also be encouraged.

The role of the garden mentor will be to educate, guide, and support these families/participants--some of which have never gardened before. The plan is for the mentor of each family to meet with us at the family's home on the day of installation for introductions and to get a general idea of the family's gardening goals. After that, a minimum of one contact per week--could occasionally be by phone in the event of vacations--to support, educate, and cheer the family on. This is a commitment of sharing time, knowledge, and encouragement; no financial costs to you should be incurred. *Project coordinator* will be taking photographs and chronicling the project throughout the summer so I would want to rendezvous with you at your participant's garden sometimes. We'll celebrate the "end" (gardening never ends) of the project with a big potluck for all participants and mentors at the *your chosen place* sometime in September.

What a perfect community service project: supporting delightful, appreciative citizens in their efforts to feed their families fresh, delicious produce grown in their own small, contained garden. Since the time commitment is small some of you may want to mentor 2 or 3 families which would be wonderful!!!

Thank you so much for your interest. I've no doubt that this will be a fun and satisfying experience for those who choose to participate.

Please feel free to contact me via phone (###-#####) or e-mail for further information.

Your Name,
Project Coordinator

Attachment 6: Mentor Agreement

Name: _____

Address: _____

Telephone: (home) _____ (cell) _____

E-mail: _____

Please describe your experience growing vegetables:

Please describe any experience you have mentoring or teaching:

I, _____, agree to the following requirements for mentoring a gardener in the **Your Project's Name** Food Gardening project:

- _____ attend mentor orientation
- _____ arrange weekly contact with the gardener (in person initially, by phone later)
- _____ help with installation of the gardening bed (first year gardeners only)
- _____ educate, support, and guide my mentee(s) through the gardening season
- _____ abide by any security requirements for the site
- _____ practice chemical free gardening
- _____ complete a post project evaluation
- _____ relax and enjoy this experience!

Signed: _____ Date: _____

Please return this application to:

Attachment 7: Invitation to Celebration Sample

You're Invited
to
Celebrate the Harvests
of the
Clark County Home Grown Garden Project
on
Thursday, September 13, 2007, 6:00–8:00 pm
at the
Center for Community Health, Room C301
1601 East Fourth Plain Blvd.



All gardeners are requested to bring a potluck dish made with produce from your garden
Beverages, bread, and dessert provided

For further information and to RSVP, please contact coordinator name at ###-####

Attachment 8: Certificate Samples

Participant Certificate of Participation

*In Recognition of
Participant Name
for
enthusiastic participation in the
Your Project's Name
Summer of 2009*

Mentor Certificate of Appreciation

*In Appreciation of
Garden Mentor Name
for
generously volunteering her knowledge and support
as a garden mentor
to the
Your Project's Name
Summer of 2009*

Partner Certificate of Appreciation

*In Grateful Appreciation of
Partner name & affiliation
for his/her/their advocacy and support
of the
Your Project's Name
Summer of 2009*