

Raised Bed Garden Program Application



Before completing the application please review program eligibility and details.

Date: _____

Date Received _____
(to be entered by CCFB staff)

Applicant Name: _____

Phone Number: _____ Email: _____

Organization Name: _____

Address: _____

City/State: _____ Zip code: _____

Located in Chester County? (yes /no) _____ Phone Number: _____

Address of potential garden site (if different from above): _____

Applying as a (select all that apply) Non-Profit Hunger Relief Agency Social Service Agency

School Health Care Agency Religious Organization Community Garden

Other: _____

How many beds are you requesting? _____ 8 ft by 3 ft, 12" high (\$100 plus tax)

When are you hoping to install the beds? Please be specific. Guided builds take place in Sep or Oct.

Describe how your site engages food insecure households. Schools please list what percentage of students receive free or reduced lunch.

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How will the garden impact your community or constituents?

Who will tend the garden from April-November?

How will the produce be used? (% donated, % used in programs)

Where will excess produce be donated? For help identifying a food cupboard in your area see our website www.chestercountyfoodbank.org

Site selection, Do you have (check all that apply):

- Sufficient sunlight (6 hours) Level ground access to a water source

Describe your plans for water access. _____

Is there anything you would like to add in support of your application?

Applications are accepted May 15 – July 15. Submit your application as an email attachment to:

Raina Ainslie rainslie@chestercountyfoodbank.org

Or mail to:

Chester County Food Bank ATTN: Raised Bed Garden Program

650 Pennsylvania Drive, Exton, PA 19341