

Raised Bed Garden Program Application 2022



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? _____ 10 ft by 3 ft, 12" high (\$175 plus tax)

When are you hoping to install the beds? Please be specific. Guided builds with CCFB Staff and volunteers take place in either March/April or September/October.

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?

Submit your application as an email attachment to:

Klielle Glanzberg-Krainin klielle@chestercountyfoodbank.org

Or mail to:

Chester County Food Bank ATTN: Raised Bed Garden Program

650 Pennsylvania Drive, Exton, PA 19341