

2024 Youth Garden Grant

Please note: Do not submit this document to KidsGardening. Instead, it is to help programs prepare your application responses ahead of time before you complete the online application. Simply copy and paste your answers from this document into the online form.

For full details, eligibility information, and the link to the online form, visit our website at <https://kidsgardening.org/grant-opportunities/youth-garden-grant-24/>.

Eligibility Quiz

Will fifteen or more youth participate in your garden program?

- Yes
- No (not eligible message)

Does your organization support, work with, or serve communities with a majority of individuals that are under-resourced? (i.e., systematically denied resources and opportunities based on race, gender, ethnicity, income level, abilities, geographic location, etc., or currently experiencing hardship such as a natural disaster, etc.)

- Yes
- No (not eligible message)

Is your organization a previous Youth Garden Grant winner, or did your organization receive a grant from KidsGardening in a 2022 or 2023 grant program (Budding Botanist, GroMoreGood Grassroots, Lots of Compassion, and Little Seeds Pollinator Pals)?

- Yes (not eligible message)
- No

Has your organization received over \$10,000 in grants for your garden program during 2022 and 2023 combined?

- Yes (not eligible message)
- No

If chosen as a winner, will your school use the funds and implement programming by June 2024? Award funds will be distributed in February.

- Yes
- No (not eligible message)

If chosen as a winner, do you agree to submit a year-end report by June 2024, with a project summary, photos, and parental photo release forms for any recognizable youth featured in images?

- Yes
- No (not eligible message)

Not eligible message: Based on your responses, you are not eligible for the 2024 Youth Garden Grant. For details on eligibility, please review our grant landing page.

Contact Information

- Grant Applicant First Name:
- Grant Applicant Last Name:
- Grant Applicant Job Title:
- Grant Applicant Email Address:
- Confirm Grant Application Email Address:
- Email Communication: I understand that by applying for the grant opportunity, my email will be shared with KidsGardening for communication about this grant and other related opportunities.
- Grant Applicant Phone Number:
- Organization Name:
- Organization Address:
- Garden Program Name:

Background information

Have you received a grant from KidsGardening before?

- Yes
- No
- Other

If yes, what grant(s) and what year(s)?

Which of the following best describes your organization?

- Public School
- Private School
- Charter School
- Nonprofit Agency
- Community Garden
- Preschool
- Head Start
- Child Care/Day Care
- Garden Club
- Summer Camp
- YMCA
- Library
- Boys and Girls Club
- Boys Scouts or Girl Scouts
- Kiwanis Club
- Other: _____

What type of community is your organization located in?

- Urban
- Suburban
- Rural

How much total grant funding has your organization received for your garden program within the last two years? *Note: The number must be less than \$10,000 to be eligible. Applicants should be prepared to provide supporting documentation if requested.* (Number)

List the funding organization, amount, and year the funding was received. Write N/A if no funding. (150 words maximum)

How many youth from each age group do you estimate will participate directly in the garden program? *Note: The number of youth must be equal to or greater than 15 to be eligible. Applicants should be prepared to provide supporting documentation if requested.* (Number)

- Ages 0-4 (Preschool)
- Ages 5-10 (Elementary School)
- Ages 11-13 (Middle/Junior High School)
- Ages 14-18 (High School)

What are the identities of the youth in your program? Indicate approximately using a percentage. (Number)

- African American or Black Youth %
- Asian or Asian American Youth %
- Hispanic, Latine/LatinX, or Spanish Origin Youth %
- Middle Eastern or North African Youth %
- Native American or Alaska Native Youth %
- Native Hawaiian or Pacific Islander Youth %
- Biracial or Multiracial Youth %
- White Youth %
- Children of Migrant Worker Families %
- Children of Refugee Families %
- Children of Undocumented Families %
- Youth who Speak Multiple Languages %
- Justice-involved Youth %
- LGBTQ+ Youth %
- Youth Experiencing Homelessness %
- Youth in Foster Care %
- Youth with Disabilities %

Do the youth who participate directly in the garden program experience food insecurity? Indicate approximately using a percentage. *Applicants should be prepared to provide supporting documentation if requested.* (Number)

- School's Free and Reduced Lunch Rate %
- Youth from Low Income or Economically Disadvantaged Families %

How many months of the year will the garden be used (activities, classes, meetings, programming, etc.)? (Number)

What needs and challenges does your community have? These should be outside of any garden needs and may include but are not limited to financial, and environmental issues, safety concerns, health challenges, community support, or regulatory hurdles. (250 words maximum)

Garden Information

1. Will you start a new garden or improve an existing garden?

- New Garden
- Existing Garden

If you have an existing garden, please describe your current garden space, such as dimensions of garden beds, garden features, walkways, learning spaces, accessibility, etc. (250 words maximum)

2. What are your garden program's mission and educational goals? (250 words maximum)

3. How will youth participate in the garden? How often will they visit, and in what format (club, class, etc.)? (250 words maximum)

4. How do you plan to create a new garden or improve your existing garden? Describe the garden growing spaces and features. e.g., raised beds/in-ground, learning spaces, structures, types of plants, etc. (250 words maximum)

5. How will you use the grant funds? Please provide an itemized budget of how you will utilize the \$500 in funding. If your project requires more funding, how will you secure the additional funds?

6. How will you use the box of gardening supplies, valued at \$500, provided by the grant? Please describe how each product from the box benefits your garden program. For a list of items included in the box, visit the grant landing page. (100-250 words)

7. Are you interested in being considered for a specialty award package?

- Yes, Crescent Garden's Container Garden Specialty Award
- Yes, Garden Tower's Vertical Garden Specialty Award
- No

If yes, why would your program like the specialty award package? How would the package alleviate the challenges your garden program faces? What benefits do you anticipate? How would youth use the materials? (100-250 words)

8. Who is on your garden program's leadership team? List their names, professional role, and lived experiences related to the garden program. (250 words maximum)

9. How will the community support your garden? e.g., volunteers, donations, partnerships, etc. (250 words maximum)

10. What is the maintenance plan for your garden in the fall, winter, spring, and summer? (250 words maximum)

11. How will you sustain your initiative over time? (250 words maximum)

Required Attachments

- **Photos or Videos (Required).** Please attach 3-5 photos or videos of the proposed garden site or provide a link to the files below. *Note: .heic files are not supported. If you have trouble uploading photos or videos, you may email them to grants@kidsgardening.org.*

Optional Attachments

- **Land Survey, Scale Map, or Garden Sketch (Optional).** Please attach a land survey, scale map, or garden sketch of the lot. If you do not currently have this information, search for the address of your lot on [Google Earth](#), [Google Maps](#), or request the digital land records or parcel map information from your city. This is often available on your city's website. *If you have trouble uploading photos or videos, you may email them to grants@kidsgardening.org.*
- **Letters of Support (Optional).** Attach a one-page letter of support for your project written by a community partner or another organization involved in the project demonstrating their support for your organization. *If you have trouble uploading photos or videos, you may email them to grants@kidsgardening.org.*

Grant Applicant Demographic Information (Optional)

We are collecting demographic information as part of an effort to ensure our grant application process is equitable. **Answers will not play a role in the grant application evaluation nor influence winner selection.**

- I identify as... (Select all that apply)
 - African American or Black
 - Asian or Asian American
 - Hispanic, Latine/LatinX, or Spanish Origin
 - Middle Eastern or North African
 - Native American or Alaska Native

- Native Hawaiian or Pacific Islander
- Biracial or Multi-racial
- White
- Prefer not to answer
- Other: _____