**VINES COMMUNITY GARDEN PROPOSAL**

Applications will be reviewed by VINES’ Community Garden Committee which is comprised of: VINES Staff, VINES Board Members and Current Site Coordinators and Community Garden Members. The committee will review and score your garden proposal using the outlined criteria. Applications will be reviewed on the basis of six key elements: Lot Details, Demonstrated Leadership, Neighborhood Support, Community Need, Cost, and Vision.
*A list of Frequently Asked Questions (FAQs) can be found at vinesgardens.org*

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| **CONTACT INFORMATION** | **GARDEN ADVOCATE CONTACT:****Name** Click or tap here to enter text. **Phone** Click or tap here to enter text.**Address** Click or tap here to enter text.**Email** Click or tap here to enter text.**Are you currently or have you been involved with VINES in the past?** [ ]  yes [ ]  no**If yes, in what capacity:** [ ]  volunteer [ ]  gardener [ ]  programming/workshops  [ ]  attended events □ other Click or tap here to enter text.**Would you like to be the site coordinator?** [ ]  yes [ ]  no [ ]  someone else**If someone else, please provide name and contact information below:** **CO-COORDINATOR CONTACT:****Name** Click or tap here to enter text. **Phone** Click or tap here to enter text.**Address** Click or tap here to enter text.**Email** Click or tap here to enter text.**CO-COORDINATOR CONTACT:Name** Click or tap here to enter text. **Phone** Click or tap here to enter text.**Address** ­­­Click or tap here to enter text.**Email** Click or tap here to enter text.**Number of people involved in the proposal writing and design process:** Click or tap here to enter text. |
| **SITE CONTROL & LOT DETAILS** | **Site Owner** Click or tap here to enter text.**Address** Click or tap here to enter text.**Adjacent Streets** Click or tap here to enter text.**Lot Dimensions** Click or tap here to enter text. **Square Footage of Property** Click or tap here to enter text.**What percentage of the lot will be the community garden?** Click or tap here to enter text.**Is the following on site?** Water: [ ]  yes [ ]  no **If yes, is water:** [ ]  at curb? [ ]  outside spigot? **Explain** Click or tap here to enter text.**Are there any structures (example: house, garage, shed, trees) that would need to be removed for the construction of the garden?** [ ]  yes [ ]  no **If yes, please describe structures** Click or tap here to enter text. **Are there a minimum of 6 hours’ full sun on the majority of the lot:** [ ]  yes [ ]  no **Are you aware of any site history that may affect an environmental assessment (ex: laundromat, chemical spills, etc.)? If yes, please list** Click or tap here to enter text.**Additional Site Information:** Click or tap here to enter text. |

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| **OUTREACH** | **Have you conducted community outreach:** [ ]  yes [ ]  no **Please indicate number of interested individuals from outreach:** \_\_\_\_\_ **Have you attached or submitted outreach documentation**  [ ]  yes [ ]  no **Additional Notes:** Click or tap here to enter text. |
| **DEMONSTRATED LEADERSHIP** | **Why do you want to start a community garden and how do you plan to be involved in the future?** Click or tap here to enter text. |
|  **NEIGHBORHOOD SUPPORT**  | **Are any local community members, organizations or businesses interested in or committed to sponsoring the community garden** [ ]  yes [ ]  no **Identify interested community members such as businesses, neighboring property owners, etc. List any potential partnerships, garden sponsors, etc.** Click or tap here to enter text. |
| **A key element of VINES’ programming is to build community and work collaboratively in the community. What other ideas do you have for integrating the community, building support and building community around the garden?** Click or tap here to enter text. |
| **COMMUNITY NEED**  | **How will this project address the community’s need for access to food?** Click or tap here to enter text. |
| **Based on outreach, describe the typical garden members’ commute to the proposed garden site. What proportion of gardeners do you suspect will walk or bike versus drive a vehicle?** Click or tap here to enter text. |
| **Is there vehicle parking available within 30 feet of the garden?** [ ]  yes [ ]  no **Additional Site Information:** Click or tap here to enter text. |
|  **GARDEN COST** | **Have you completed and attached VINES CG Build Budget Draft:** [ ]  yes [ ]  no **Number of Proposed Garden Beds** \_\_\_\_\_\_ **Includes**: [ ]  Standard Raised Beds [ ]  Handicap Accessible Beds [ ]  Other Click or tap here to enter text. |
| **Describe additional fundraising capacity or fundraising ideas to support this project**. Click or tap here to enter text. |
| **COMMUNITY GARDEN VISION** | **What is your vision for the garden? *Example: number of beds, aesthetic, design elements, garden theme or focus, etc.* Please attach a drawing or rendering of your vision for this garden space.** Click or tap here to enter text. |
| **OTHER** | **Is there anything else you’d like to add or let VINES know?** Click or tap here to enter text. |
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***Please remember to attach the following, as requested in the proposal application:***[ ]  Outreach Documentation [ ]  Budget Draft [ ]  Drawing of Garden Vision

**Print Name of Garden Advocate** Click or tap here to enter text.

**Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**DATE** Click or tap to enter a date.