

## 2019-2020 SCHOOL GARDEN GRANT APPLICATION

#### Part I: NON-PROFIT ORGANIZATION INFORMATION

Non-Profit Organization:
Website URL:
Does your nonprofit have at least 2 years of experience implementing school garden programs?
□ YES □ NO
Describe your organization's experience and expertise with the implementation of school gardens and the provision of professional development to teachers?
Website URL:  Does your nonprofit have at least 2 years of experience implementing school garden programs?  YES Does your organization's experience and expertise with the implementation of school
When submitting your application, please attach the following regarding the scope of the

When submitting your application, please attach the following regarding the scope of the partnership. Be sure that all pages have your organization name and partnering campus indicated.

- Detailed breakdown of time commitment for the duration of the grant period.
- Anticipated deliverables and/or partnership goals
- Scope of Work
- Cost proposal



# **Non-Profit Organization Assurances**

Is this nonprofit organization willing and able to provide:

1.	a report to the Interim Finance Committee on or before October 1, 2020, that describes
	each expenditure made from the award allocation through June 30, 2020?
	$\square$ YES $\square$ NO
2.	any of the books, accounts, claims, reports, vouchers or other records of information, confidential or otherwise, of the nonprofit organization, that the Legislative Auditor deems necessary to conduct an audit of the use of the award allocation?
	□ YES □ NO



# **Part II: CAMPUS INFORMATION**

#### **School Name**

	Total Am	ount Requested fo	or Grant Period 2019-2020			
School Gar	den Coordinator					
Contact Nu	mber					
E-Mail Add	lress					
	Cam	pus Principal	Principal E-Mail			
Is this school	ol a designated T	itle I campus				
$\square$ YES	$\square$ NO					
Will this gra	ant fund activitie	s for pupils in gra	des K-5 only			
$\square$ YES	$\square$ NO					
Has this campus ever received funding from the Nevada Department of Agriculture (NDA) School Garden Grant? $\square$ YES $\square$ NO						
If yes, please	If yes, please indicate the all applicable school years and the amounts received.					
	SCHOOL YEA	ΛR				
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# **Part III: School Garden Program Implementation**

## PROGRAM REQUIREMENTS

Per the requirements of this award allocation, the garden program must adhere to the following guidelines. Make the selection that best demonstrates the alignment of the campus garden program with the requirements of this award.

The school ga	rden is/will be located on our campus grounds
$\square$ YES	$\square$ NO
	rden is/will be implemented and maintained for the purposes of growing food for nption such as vegetables, fruit, grain, orchard trees, etc.?
$\square$ YES	$\square$ NO
A School Gard	den Coordinator from the campus has been confirmed for the grant period
$\square$ YES	$\square$ NO
	Certificate will be obtained if the produce will be consumed in the school cafeteria uted to the general public.
$\square$ YES	$\square$ NO
	ed safety plan will be designed to ensure that food grown in school garden is led and safe to sell and consume
$\square$ YES	$\square$ NO
	arden Coordinator will maintain data on school garden activities and evidence of ng, by grade level, in relation to the content and performance standards for
$\square$ YES	$\square$ NO
	ogram features a curriculum that is tailored to students at each grade level and the content and performance standards for a course of study in Science
$\square$ YES	$\square$ NO
The school ga learning oppo	rden curriculum includes science, technology, engineering, and mathematics rtunities.
□ YES	$\square$ NO



#### SCHOOL GARDEN INSTRUCTORS

A requirement of this grant is the provision of supervised learning experiences in the garden and classroom. Complete the chart below by providing the information for teachers who will supervise student learning and participation.

Name and Professional Title	E-Mail	Grade Level(s)	Role

#### STUDENT PARTICIPATION

Complete the chart below by filling in the information regarding the students who will/have participated in the garden program during this grant period.

Grade Level	Total number of pupil- participants	Pupils eligible for free/reduced lunch	Pupils with special needs	
K				
1				
2				
3				
4				
5				



## **Part IV: Grant Narrative Responses**

In an effort to form a better understanding of the garden program and what your organization will offer to the partnering Title I campus, we ask that you provide responses to the questions below.

Your responses will be used to evaluate program and partnership eligibility. We ask that you be clear and concise. Limit all narrative responses to a maximum of 250 words and if you require additional space to do so, you may attach an additional sheet referencing the question and continuing the response.

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Program	INOV	1710W
<b>Program</b>	OVE	vic w.

Provide a concise overview of the garden program with which your non-profit organization seeks				
to partner. List the goals of the program and how students will be engaged in learning through their participation. Be sure to share any innovative aspects of the program.				
Curriculum Integration:				
Provide an overview of the curriculum and its alignment to the standards of content and				
performance for a course of study in science.				
performance for a coarse of stady in science.				



STEM Learning: Briefly describe how the garden has been/will be leveraged as a tool for science, technology,
engineering and/or mathematics (STEM) experiential learning? You may include specific activities or project-based learning opportunities during the grant period that include use of the garden.
Garden Design:
Describe the design, or intended design, of the school garden. Include specific information such as the size and style of the garden, location on campus, produce grown/to be grown. Be sure to include names of all involved in the design of the school garden program.



Community Engagement:  Describe the support your nonprofit organization has/will provide to the campus to support the implementation and maintenance of their garden program. Include the nature of current and anticipated partnerships with community-based organizations/members. Include how partnerships and your organization's provisions will support the goals articulated in the Program Overview and enrich student experience.
Professional Development:  Describe the professional development that has been or will be provided to teachers to support the goals of the program and enhance the learning experience for all students. Be sure to articulate the manner of delivery for professional development, duration, and the name of the facilitating organization.



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School Culture a	nd Climate:				
This grant award wil		olishment of gard	en teams compi	rised of teac	hers and, if
persons are available	=	=	=		
least once a month ar	nd maintain a reco	ord of attendance	. The School G	Garden Coord	dinator and/or
partnering organizati			=		e individuals
who will commit to i	nembership and n	monthly meetings	s for the grant p	eriod.	
		,			
Date of Submissi	on L				