

Community Garden Support Application | Community Gardens

Summary Information

Amount: Up to \$500 per award

Purpose: Provide necessary garden equipment (ie: hoses & hand tools), garden supplies (ie: compost, soil, containers, seeds, plants), soil testing, and garden signs to community gardens in support of their organization's infrastructure, food safety, and distribution of foods to their clients.

Mini Grants Provided by: [Healthy Eating Active Living \(HEAL\) - Food System Partners \(FSP\)](#) through Ending Hunger Together Grant from Community Foundation of Central Illinois

Eligibility: Community Gardens in Peoria, Tazewell, and Woodford counties.

Application Submission

Submission Period: October 9, 2023 – December 1, 2023

Please send applications and questions to: Mike Brooks at michael.a.brooks@osfhealthcare.org with subject line "Community Garden Grant."

Awardees will be notified within 30 days of the close of the grant submission period.

Application Evaluation

Applications will be scored by a review team with the below considerations:

- **Meets Requirements:** Community Gardens in Peoria, Tazewell, and Woodford counties are eligible to apply.
- **Garden Needs:** More points will be given to applicants that show a strong need for the items identified for their garden through their statement of interest.
- **Equity:** Considerations may include applicants' distribution method and ability to expand, and geographic disparities in healthy food access.

Application

1. Name of Community Garden:

2. Community Garden address:

3. Primary contact person name:

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- The Community Foundation of Central Illinois

4. Primary contact person email address:

5. Primary contact person phone number:

6. How long has your community garden been active?

7. How does your garden distribute the produce grown?

8. Does your garden have the ability to fund part of the needs?

9. What needs does your garden have? **Please list all items needed including a link or quote for the exact item. Based on affiliation of garden, payment will be worked out for material or other purchasing options.**

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10. Please briefly describe why your community garden needs the above items and how, if received, it would help your organization and community. (~300-500 words)

Please include information about specific populations served by garden (ie: zip code), your plans to overcome disparities in healthy food access, and your commitment/plan to serve populations in an equitable way.

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Other

Register & Donate Produce

11. Will the garden commit to working with the Grow A Row program to donate excess produce to food pantries? (Yes/No):

Follow-Up Check-In

12. Will the organization allow HEAL-FSP to check-in on how these new items are assisting your organization's day-to-day operation? This could be as simple as emailing a picture of a new freezer being used. (Yes/No):

To Apply

Please submit this completed application to Mike Brooks at michael.a.brooks@osfhealthcare.org with subject line "Community Garden Grant."

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