

**CCB/CSC MILLION MEALS COMMUNITY GARDEN APPLICATION**

ORGANIZATION: \_\_\_\_\_

CONTACT PERSON RESPONSIBLE FOR THE GARDEN: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

WHO WILL THE GARDEN SERVE: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN BY VOLUNTEERS: \_\_\_\_\_

LIST THE PRIMARY GARDEN CARETAKERS:

NAME	E-MAIL ADDRESS	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DESCRIBE THE GARDEN SITE:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IS THE GARDEN ENCLOSED? YES \_\_\_\_\_ NO \_\_\_\_\_

IS THERE SECURITY FOR THE GARDEN? YES \_\_\_\_\_ NO \_\_\_\_\_

GARDEN PLANNED CONSTRUCTION DATE: \_\_\_\_\_

MATERIALS NEEDED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT WILL BE PLANTED: \_\_\_\_\_

\_\_\_\_\_

IS THERE IRRIGATION: \_\_\_\_\_ YES \_\_\_\_\_ NO (CHECK ONE)

IF NO IRRIGATION, WHAT IS THE PLAN TO WATER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER NEEDS: \_\_\_\_\_

\_\_\_\_\_

PLANTING DATE: \_\_\_\_\_

WHO WILL RECEIVE THE PRODUCE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREPARED BY: \_\_\_\_\_

ORGANIZATION: \_\_\_\_\_

DATE: \_\_\_\_\_

PLEASE SEND THIS FORM TO ARNOLD JEAN-BAPTISTE AT THE CHILDREN'S SERVICES COUNCIL, [AJBAPTISTE@CSCBROWARD.ORG](mailto:AJBAPTISTE@CSCBROWARD.ORG), OR MAIL TO CSC, 6600 WEST COMMERCIAL BLVD., LAUDERHILL, FL 33319 % A.J. BAPTISTE