

2019 Extension Master Gardener Food Gardening Survey

TELL US ABOUT YOUR PROJECT (SITE)...

Lead MSU Extension Master Gardener (EMG) name (*only one EMG should enter this data per site, this will avoid data duplication*):

Project or site address (*specific information is preferred*):

Street Address or Cross Streets _____

City State Zip Code _____

Project or site name: _____

What type of project is this?

Community garden - a single piece of land gardened collectively by a group of people, utilizing either individual or shared plots on private or public land while producing fruit, vegetables, and/or plants that are grown for attractive appearances

Plant-a-Row (PAR) - programs where gardeners are encouraged to plant an extra row of produce each year and donate their surplus to local food banks, soup kitchens and service organizations to help feed America's hungry

Donation garden - a garden cultivated for the purpose of producing food for donation to charitable organizations, such as food pantries, local meal programs, food banks, or other similar programs

Education program - an educational program aimed at increasing the participant's knowledge in growing food

Other (please specify) _____

What is the square footage of growing area at this site? (Estimate if necessary. If unknown, enter "0".) _____ (For example, 4 feet by 8 feet = 32 square feet. If there are 10 plots, that would be 320 square feet of growing space. Don't include pollinator or banker strips.)

Was the produce from this project donated? Yes No Not Sure

PRODUCE DONATIONS

Please indicate where it was donated to and how many locations.

	0	1	2	3	4	5 or more
Food bank - supplies / distribute to pantries (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Food pantry - community level access (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Senior Center / Women's Shelter / Homeless Shelter (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Kitchen or other community meal program (i.e. Salvation Army, soup kitchen, etc. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School or Youth Program (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Unknown (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please enter the name(s) of the organization(s) produce was donated to.

Did you weigh your produce? Yes No Not Sure

IF PRODUCE WAS DONATED:

What was the total number of pounds of produce donated?

_____ (Enter numbers only; no letters or punctuation)

How many pounds were donated before October 1? _____

(An estimate is fine)

HOW MANY PEOPLE HELPED WITH THIS FOOD GARDENING PROJECT(S)?

Donation Garden - Season Total (If not applicable, enter zero.)

Number of Adults _____

Number of Youth _____

Number of EMGs _____

Total EMG Hours _____

Plant-a-Row (PAR) - Season Total (If not applicable, enter zero.)

Number of Adults _____

Number of Youth _____

Number of EMGs _____

Total EMG Hours _____

Education Program(s) - Season Total (If not applicable, enter zero.)

Number of Adults _____

Number of Youth _____

Number of EMGs _____

Total EMG Hours _____

Community Garden - Season Total (If not applicable, enter zero.)

Number of Adults _____

Number of Youth _____

Number of EMGs _____

Total EMG Hours _____

ADDITIONAL INFORMATION

Please share links to any promotional materials about this project (e.g. website, press coverage, photos)

Project website_____

Press coverage of a project_____

Other links_____

How many other organizations, besides Michigan State University Extension, helped with this project?

(For example, provided money, supplies, volunteers, etc.)

Is there anything else you would like to share about this project?

(For example, something of which you are especially proud? Or, a special partnership that developed?)

If willing, please share how this project has been funded (e.g. association grant, other grant sources, donations, etc.) and total amount received.

Please provide your contact information in case we have any additional questions about the survey responses.

(This information is optional but would be appreciated.)

Name _____

Roster _____

Email Address _____

Phone Number _____

Would you like to be on an email list to receive updates on MSU Extension Master Gardener food gardening initiatives?

Yes *(Please be sure to provide your email address in the previous question)*

No