



# The Giving Grove Edible Tree Garden Application



Date: \_\_\_\_\_

Organization or group name: \_\_\_\_\_

Please briefly describe how an orchard would help your organization achieve its goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is this organization the property owner of the proposed site?  Yes  No

If 'No' please list property owner's name: \_\_\_\_\_

Do you have any organizations committed to supporting the project financially?  Yes  No

If yes – name of organization: \_\_\_\_\_

List other sources of funding: \_\_\_\_\_

Garden/orchard address: \_\_\_\_\_

Mailing address (if different from garden address): \_\_\_\_\_

\_\_\_\_\_

Steward Contact: Must be willing to be the main contact and caregiver for the site.

*\*A site steward must be willing to tend the site at minimum once a week spring through fall*

Steward Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the steward willing and able to participate in periodic Giving Grove workshops?  Yes  No

Apprentice Contact: Must be willing to serve as a backup for the site steward.

Apprentice Name: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the apprentice willing and able to participate in periodic Giving Grove workshops?  Yes  No

Alternate contact (interested parties): \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you currently have a community vegetable garden?  Yes  No

If yes, check all that apply:  rental plots  growing for your own group  
 food pantry  growing for others

Would you be interested in installing a community vegetable garden?  Yes  No

Total land to devote to orchard space: (assume a typical tree diameter of 15 feet)

- <5 trees     5-10 trees     11-20 trees     21+ trees

Are you interested in: (check all that apply)  fruits  berries  nuts  perennial vegetables

Does the proposed project site have access to water?  Yes  No

Type:  Dedicated Water Line  Neighboring Water Line  Other\_\_\_\_\_

Who will the orchard serve? (check all that apply)

- youth/children     seniors     special needs     at-risk groups  
 immigrants     refugees     neighborhood     organization members

Age range(s) served: (check all that apply)

- 0-18     19-30     31-45     46-60     61+

Is any of the harvest intended to be sold?  Yes  No

If yes, please explain:

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How much of the fruit, nut and/or berry production is intended to be provided at no cost to the neighborhood, gardeners, and community or food pantries?

- 0 - 25%     25% - 50%     50% - 75%     75% - 99%     100%

Is any of the harvest to be directed to Food Pantries, Kitchens or Food Banks  Yes  No

How do you intend to make the orchard produce available to those with limited resources?

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Are you open to others participating in your orchard from the surrounding community?  Yes  No

**I agree to commit to this The Big Garden-Giving Grove partnership and will ensure that the edible tree garden is cared for and maintained to the best of my ability. I will utilize the resources that the Big Garden provides including attending educational workshops.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please send to: [mbaurain@biggarden.org](mailto:mbaurain@biggarden.org) or mail to:  
Stilwell United Methodist Church  
Attn: The Big Garden  
19335 Metcalf Ave.  
Stilwell, KS