



2025 Community Action Garden Application

Applicant: _____

Garden address: _____

Issued: February 3, 2025

Applications are due by Noon, Friday, March 7, 2025

Submit to 612 N. Church Street, Rockford, IL 61103

or Cyndi.McGovern@rockfordil.gov

GARDENS CANNOT BE ON PERSONAL/PRIVATE PROPERTY

COMMUNITY ACTION COMMUNITY GARDENS MUST BE PLANTED ON OR BEFORE JUNE 1, 2025

Please complete all items. Requests will be reviewed only after all items are complete.

Overview: This is an application for funding for establishing and/or maintaining a Community Action Garden in Winnebago or Boone County in 2025 through the Community Action Agency/City of Rockford Health and Human Services Department. Dollars are via Community Services Block Grant under the Illinois Department of Commerce and Economic Opportunity.

Garden groups include neighborhoods, schools, faith-based organizations or other groups interested in learning gardening skills and willing to help their communities. We strongly encourage organizations to partner and collaborate, and include education, nutrition, or expanded involvement and outreach.

Please note, gardens cannot be located/established on homeowner's personal property.

Community Action Gardens are green spaces located within Winnebago or Boone Counties that are locally cultivated and cared for by groups, mostly through volunteer efforts. Community Action Gardens are a way for people to work together, raise inexpensive and fresh food, and help provide produce for others in need. They can also promote healthier lifestyles and encourage environmental stewardship.

What can you do differently with gardens in 2025? We are especially looking for gardens that not only plan to raise produce, but also plan to increase neighborhood vitality and pride and become a place to gather. In addition, we encourage gardens to be "pollinator friendly", which means planting "pollinator species" either in the vegetable garden itself or in a nearby area and reducing or eliminating chemicals and pesticides. Honeybees and other pollinators play an important role in our food production. These same pollinators are under stress from a number of factors: pests, disease, lack of habitat, and more.

Experience is not mandatory, just commitment and interest to learn. In the past, gardeners have ranged from skilled master gardeners to people who have never gardened before, from adults to youth, from those physically fit to those with mental or physical disability challenges.

Project Mission: The mission is to improve our area through community gardening by providing funding, education and technical assistance. One of the goals of the Community Action Gardens is for people to learn how to garden, and then for the gardens to become financially self-sufficient. Many previous years' grantees have continued to garden without financial assistance from our grants.

Education and training support long term change for individuals, neighborhoods and other groups, and ultimately for our communities. As people learn how to plan and work together, they become part of groups, and experience support and increased success. These relationships and skills can serve as a

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catalyst for community change. The vitality of our neighborhoods can be increased through activities by these newly empowered individuals and through physical improvements as blighted or underused properties become assets and centers for neighborhood activities.

Donation of Produce: While participating gardeners or neighbors can share in produce grown, at least a portion of the produce should be given to area hungry. The preferred method is by donations to "Plant a Row for the Hungry". Proceeds may also be given to area pantries, including those at faith-based facilities, but because this program is funded by federal dollars, donations of produce may not be made to faith-based organizations that require religious participation in order for people to receive food from the garden. Donations cannot be made to day drop in centers for example, Carpenters Place, Shelter Care Ministries, etc.

Site: Gardens may be located within Winnebago or Boone Counties. You will need to list a specific site address in this application and obtain written permission to use the garden site if the applicant is not the owner. Gardens cannot be on personal property.

Funding: The average cost to create, implement, and maintain a community garden varies a great deal, depending on whether it is a new or returning garden, and the number and type of beds, plots or containers used. A sheet is included in the application to give you an idea of possible costs, but please determine your own specific needs and submit an itemized budget. In addition, a percentage of water usage cost is allowed for the gardens without rain barrels, though the use of rain barrels is encouraged.

Returning gardens: Returning gardens must show additional partners, garden expansion (adding beds or crops), increased outreach (such as serving new groups or working with new partners, volunteers, seniors, youth groups or veterans) or new and innovative programs (such as pollinator plants, education or cooking or nutrition classes or demonstrations.) **Also, gardens should not request funding for large items funded in previous years such as wheelbarrows and tools unless a specific need can be demonstrated.**

Applications will be reviewed by the Community Action Agency/City of Rockford Health and Human Services Department. Please note that if the application is approved, a check will be written to the organization and must be deposited in a separate checking account for the group, unless prior approval is obtained from Human Services. Depending on area of need and the annual budget of the neighborhood group or community/faith-based organization; **new gardens** can receive a maximum of 50% of their total grant after approval. All receipts must be submitted with monthly reports. Requests for reimbursement with receipts must be submitted for the remaining 50% of dollars. Depending on area of need and the annual budget of the neighborhood group or community/faith-based organization; **returning gardens** will receive 25% of their total grant after approval. Receipts must be submitted with monthly reports. Requests for reimbursement with receipts must be submitted for the remaining 25% of dollars. Requests for reimbursement with receipts must be submitted by the first Friday of every month. Failure to do so, will result in delay of reimbursement and possible revocation of funds.

Final reimbursement requests must be submitted NO LATER THAN FRIDAY NOVEMBER 7, 2025 or dollars will be forfeited. Any unspent funds must be returned to the City of Rockford Health and Human Services no later than Monday December 5, 2025.

Revisions: Any requested revisions regarding the community garden project must be submitted in writing to the Community Action Agency/City of Rockford Health and Human Services Department and approved prior to purchase or implantation. Any purchase made without prior approval will be denied.

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Community Action Staff will perform a Garden Site visit at least once a month. Failure to fulfill commitments will jeopardize current or future funding & the Community Action Agency/City of Rockford will request repayment or revocation of funds if the Grantee fails to:

- (1) keep the garden in good order; Gardens that are not weeded; are overgrown, etc. will be removed from the program.
- (2) keep garden adequately watered – Gardens that are not watered routinely and not in good order will be removed from the program
- (3) submit complete and accurate reports no later than the deadline of the first Friday of every month, unless a request to submit report after the first Friday is approved;
- (4) submit readable receipts for reimbursement of approved items at the end of the month in which the items were purchased. If receipts are submitted later than 31 days after the purchase of the item, you may not be reimbursed for the purchase;
- (5) revise plans or requested funding items without prior approval, or
- (6) fails to meet any other commitments in this grant;
- (7) fails to return unspent funds by the deadline stated in the Award Letter.

In 2025 applicants must:

- Identify additional partner(s) or partner organization(s) that will be involved in the garden. Examples of partners would be local neighborhood groups, community centers, area pantries, churches with pantries or outreach to low-income individuals (participating faith-based organizations may not require religious participation in order for people to participate or to receive food from the garden.) For example, partners could assist with funding, actual gardening, mentoring and outreach, help host garden related events, or offer nutrition, exercise or cooking classes.
- Be unique, diverse, and inclusive. Increase outreach to the community at large. Items planted should reflect what people have an interest in, can help grow, and can give tips on use (raw or cooked). Consider producing events that celebrate neighborhood diversity.
- Submit a list of a minimum of 3 individuals who will participate in the garden.
- Have a plan for how the garden will be maintained over the summer.
- **Planting must be started on or before June 1, 2025. The exception would be for ‘Cold Crop’ vegetables. If you are not planting “Cold Crop” vegetables and don’t plan to start your garden until after JUNE 1, 2025 you are not eligible to apply for the Community Action Garden Grant.**
- Work with a neighborhood (preferably located near the garden or with transportation to the garden site) and increase outreach to the community.
- Include a plan on garden removal and restoration of the land if the garden is discontinued.
- **Gardens cannot be on personal property.**

Funding is provided by the Community Action Agency/City of Rockford Health & Human Services Department-Community Services Block Grant under the Illinois Department of Commerce and Economic Opportunity.

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Diagram: Please provide a diagram or sketch of the proposed garden with dimensions and details. Identify whether beds are raised or in-ground beds (**be sure to obtain soil samples before gardening in the ground.**) If you plan to use containers, identify what size and style of container. Please indicate how beds and containers will be marked If applicable, please indicate what items are new and/or moved, or have been used in previous years.

If you are using or want to use fencing of any kind, mark it on the diagram and indicate which type (**please be aware that fencing may require a permit.**) Indicate how paths in the garden will be surfaced (mulch, straw, gravel, etc.) Free mulch may be available for gardens within the city of Rockford based on Public Works availability.

While we cannot guarantee funding of items which are not required for growing produce, such as fences or flowers, please include them in your request so that we can consider these options.

Try to make your garden a place of interest and a place where people want to gather. We encourage you to be creative – layout, use of interesting containers, or repurposed items, decorative markers, even painting raised beds.

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SAMPLE - SOME IDEAS ON COSTS AND BUDGET

Funding will be somewhat based on need – for example, new gardens require more start-up costs than returning gardens. Below are some suggestions.

Look at this in terms of your own specific needs and check stores or check on line because you may be able to get items at a lower cost. You will need to itemize items for the budget (i.e. 3 rakes at \$12 each for a total of \$36.00). Each group or bed would not need every item.

Number	Item	In-Ground-New	In-Ground Old	Raised-New	Raised-Old
	Equipment- i.e. bean poles/trellis, <i>gloves, knee pads</i> , plant markers, tomato cages	125.00	25.00	125.00	25.00
	Landscape Fabric	40.00	10.00	40.00	10.00
	Lumber, nails, screws for beds if raised bed			200.00	
	Pest Control	15.00	15.00	15.00	15.00
	Plants	25.00	25.00	25.00	25.00
	Plant Food	15.00	15.00	15.00	15.00
	Seeds	30.00	30.00	30.00	30.00
	Soil Additives - top soil@ \$30/yd., mushroom compost @30/yd.	210.00	70.00	110.00	70.00
	<i>Tools – hand, shovels, pruner, water can, hose, wheelbarrow</i>	250.00	25.00	250.00	25.00
	TOTAL	710.00	215.00	810.00	205.00

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2025 COMMUNITY ACTION GARDEN APPLICATION

Applicant (Group Name): _____ Date: _____

Group Representative (GR): _____ Title: _____

Group Rep (GR) Address: _____

Garden Address: _____

Rep Phone Number: _____ Alt. Phone Number: _____

Rep Email address: _____

Lead Garden Representative (if different from Group Representative):

Name: _____ Phone: _____ Email: _____

Did your group participate in previous years? _____ yes _____ no _____ when _____

Has your organization applied for or received any other garden funding for 2025? _____ yes _____ no
If so, from whom and for how much? _____

Date applicant group formed:

Mission or purpose _____

Demographics of group (age, culture, country of origin): _____

Goals: _____

A community garden is a group project. Please list at least three other people who are willing to help with the garden (if different from above):

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

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Who will be responsible for restoring the area if the garden is discontinued?

Name: _____ Phone: _____ Email: _____

How will you restore the area if the garden is discontinued? _____

What other partners or neighborhood(s) will be involved in the garden? Please list organization(s), their roles and how you plan to reach out and involve others. If the partner or neighborhood is not in close proximity to the garden, how will the volunteers get to the site?

Please list any previous projects completed, if applicable (including neighborhood projects and cleanups): _____

How will the garden reflect the diversity of the neighborhood or group (i.e. types of plants, people involved): _____

How will your garden be unique, creative, visible, and reach out to the area? _____

How will the garden be maintained over the summer months and by whom? (Please be detailed)

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What else would you like us to know about your Community Action Garden or group? _____

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PROPOSED BUDGET FOR YOUR GARDEN (be specific). You may attach a budget rather than use this sheet. **Do not spend any funds prior to approval.** Dollars spent prior to approval are not eligible for reimbursement. Please explain use of items if not directly connected to gardening. Any requested **revisions must be submitted in writing** to the Community Action Agency/City of Rockford Department of Health and Human Services and **approved prior to purchase or implementation.**

ITEM(S)	COST
TOTAL COST OF GARDEN:	
TOTAL AMOUNT REQUESTED IN GRANT:	

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Monthly Plan of Action: Your Plan of Action may not be exact, but you need to plan who will be doing what and when. For example, March may include getting together and planning the gardens, April could include buying equipment, laying out beds, and starting seeds, May through October may include pruning, weeding, watering, donating proceeds, taking photos, filling out reports, and planning activities including your Equity Project. Your garden may even be done and cleaned up by November.

Maintenance is critical! The applicant is ultimately responsible keeping the gardens maintained, even if the gardens are subdivided into plots. Failure to maintain any garden could result in revocation of status, forfeiture of funding, and repossession of equipment.

Month	Actions (i.e. attend class, prepare plot, purchase items, plant, weed, etc.)
APRIL	
MAY	
JUNE	
JULY	
AUGUST	
SEPTEMBER	
OCTOBER	
NOVEMBER	

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Hold Harmless Agreement (required):

The undersigned adult on behalf of themselves and _____ (name of group), agree to protect, defend, indemnify, and hold harmless the City of Rockford Department of Health & Human Services/Community Action Agency, its employees, volunteers, and any of its agents from any and all claims, demands, suits, penalties, losses, damages, judgments, or costs of any kind whatsoever.

Group Representative:

Signature

Date

Print Name: _____ Title (if appropriate): _____

Phone: _____ Alt. Phone: _____ Email: _____

Garden Property Owner: _____

Lead Garden Representative if different from above who shall act as Garden Team Leader:

Signature

Date

Print Name: _____ Title (if appropriate): _____

Phone: _____ Alt. Phone: _____ Email: _____

LETTER OF COMMITMENT

The group (grantee) _____ agrees to the following:

- Utilize funds solely for the purpose of developing and maintaining the *Community Action Garden* at the location stated in the application and neighborhood improvement project as approved.
- Be responsible for the community garden's care. The garden must be cared for **at least once a week**. Garden must be clear weeds (weeds **should not** exceed 6 inches in height), of spent plants, debris and trash. Be responsible for the watering and appearance. Failure to maintain any garden will result in revocation of status, forfeiture of funding, and repossession of equipment.
- Deliver monthly reports to the Community Action Agency/City of Rockford Health and Human Services Department, 612 N Church Street, attn. Cyndi McGovern by the first Friday of each month, April through September, with a final report by **FRIDAY, NOVEMBER 7, 2025**. Reports must be typed. No hand-written reports will be accepted. **Reports must include a list or sign in sheet of volunteers** indicating youth and adult and photos each month (electronic format preferred), with people identified in photos. Permission forms for minors will be provided and should be completed. **Failure to submit reports and all required documents on time will result in forfeiture and revocation of funds; repossession of equipment and jeopardize future funding.**
- Submit receipts for all expenditures. **All receipts must have the date of purchase on them and must be readable when attaching a copy of the receipt.** Final reimbursement requests must be submitted by **FRIDAY, NOVEMBER 7, 2025** or dollars will be forfeited.
- Verify that all neighborhood residents are able to participate in working and receiving yield of the community garden without discrimination, though reasonable conditions may be made on a case by case basis.
- Use at least 90% of the community garden funds towards produce, up to 10% may be used or ornamental plants (flowers) which attract bees and pollinators (we will provide suggestions, and specific plants must be approved prior to purchase).
- Donate a percentage of the proceeds to area hungry. The preferred method is by donating through "Plant A Row for the Hungry" or by giving proceeds directly to area pantries. Receipts must be obtained and submitted.
- Please include the following on any written material such as additional signs, fliers, press releases, and any other marketing tools: "Funding for this Community Action Garden is provided by the Community Action Agency/City of Rockford Health and Human Services Department-Community Services Block Grant under the Illinois Department of Commerce and Economic Opportunity".
- All participants will conduct themselves in an appropriate and safe manner and: (1) Refrain from using any alcohol or illegal substances while participating or in/around the community garden, (2) Refrain from any illegal activities, (3) Promise not to engage in the destruction of private property, and (4) All minors must be accompanied by an adult.

(Continued)

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LETTER OF COMMITMENT – CONTINUED

Any requested revisions regarding the Community Action Gardens project must be submitted in writing and approved prior to implementation. Failure to fulfill commitments may jeopardize current or future funding. The Community Action Agency/ City of Rockford may request repayment of funds if the grantee fails to meet these commitments or makes revisions without approval.

Group Representative (two signatures required):

Signature: _____ Name (print): _____

Title: _____ Date: _____

Signature: _____ Name (print): _____

Title: _____ Date: _____

Garden Representatives (two signatures required):

Signature: _____ Name (print): _____

Signature: _____ Name (print): _____

Partners:

Organization: _____

Signature: _____ Name (print): _____

Partners:

Organization: _____

Signature: _____ Name (print): _____

Organization: _____

Signature: _____ Name (print): _____

Organization: _____

Signature: _____ Name (print): _____