



CENTRAL ARKANSAS SPHINX FOUNDATION
PATHWAY FOR FOOD SECURITY AND EQUITY

Individual Backyard Garden Information Form

Name _____

Garden Address _____

Primary Contact _____

Phone No. _____

Email _____

- 1. Have you submitted a Needs Request? Yes___ No___
- 2. Are you a senior citizen or disabled? Yes___ No___
- 3. Are you a Veteran? Yes___ No___

(Optional)

- 4. What is your ethnicity/race? Black ___ White ___ Hispanic ___
 Other _____

What are your needs?

- Earth Beds _____
- Raised Beds _____
- Topsoil / Mulch _____
- Fertilizer _____
- Seeds/Plants _____
- Technical Assistance _____
- Other _____

All services, materials and supplies are free of charge to the individual, but you must attend at least one workshop.

Please email this form to info@casfgrants.org or mail to CASF Gardens, 1500 S. Ringo St., Little Rock, AR, 72202.

DATE: _____ **LOCATION:** _____