



Cooperative Extension of Ocean County  
Extension Center  
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njaes.rutgers.edu/extension  
732-349-1227 4-H  
732-349-1246 Agriculture  
732-505-3671 Environmental Resource Management  
732-349-1247 FCHS, SNAP-Ed  
732-349-1152 Fisheries/Aquaculture  
732-349-1245 Rutgers Master Gardeners  
732-505-8941 Fax

**Rutgers Master Gardener of Ocean County  
Education Outreach Committee  
Garden Project Questionnaire**

Facility \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Contact \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Are you a non-profit or not-for-profit organization? \_\_\_\_ Yes \_\_\_\_ No

2. Please describe your garden project:

Goal/purpose: \_\_\_\_ Beautification \_\_\_\_ Educational \_\_\_\_ Therapeutic  
\_\_\_\_ Experimental \_\_\_\_ Other(Identify) \_\_\_\_\_

Type of garden: \_\_\_\_ Flower \_\_\_\_ Vegetable \_\_\_\_ Rain/Bog Garden  
\_\_\_\_ Container \_\_\_\_ Greenhouse \_\_\_\_ Other(Identify) \_\_\_\_\_

Theme of your garden, if any (example: butterfly, native species, etc):  
\_\_\_\_\_

Duration of project: \_\_\_\_ Year-round \_\_\_\_ Seasonal(Identify) \_\_\_\_\_

3. Please describe your garden site:

Location of garden \_\_\_\_\_

Size of garden(in feet) \_\_\_\_\_

Sun or shade \_\_\_\_\_

Type of soil if known \_\_\_\_\_

Proximity to water \_\_\_\_\_

4. How many people in each category below will participate in the project?

\_\_\_\_ Professional staff \_\_\_\_ Adults/Parents \_\_\_\_ Children/Students  
\_\_\_\_ Residents/Patients \_\_\_\_ Garden Club Members \_\_\_\_ Other(Identify) \_\_\_\_\_

\_\_\_\_\_

5. How would you assess your group's gardening level? Check one

- None of us has any gardening experience  
 A few of us have a little gardening experience  
 Many of us have gardening experience  
 Most of us are experienced gardeners

6. Is your garden project funded?  Yes  No

7. When is the best time for us to visit your garden site? \_\_\_\_\_

8. For Schools only:

a. When will this garden project take place?

During class time  After school

b. Will this garden project be part of the curriculum?

Yes  (Identify grade level and subject area \_\_\_\_\_)

No

c. Is your school interested in receiving advice/information in any of the following areas?  
(Check all that apply)

Teacher training in gardening

Garden-related curriculum

Grants and other resources

Other(Identify) \_\_\_\_\_

d. Once your garden project is up to running, would your school be interested in helping other schools develop school gardens by (check all that apply):

Providing a contact name and number as a resource

Serving as a model school garden that other schools can visit

We are not interested in helping other schools at this time

Thank you for taking the time to complete this questionnaire. Your answers will help us determine how we may best assist you in completing your project successfully.

Please return this completed questionnaire to:

Rutgers Cooperative Extension of Ocean County  
Rutgers Master Gardener Education Outreach Committee  
1623 Whitesville Road  
Toms River, New Jersey 08755-1199  
Email: oceanag@aesop.rutgers.edu