



Rutgers Master Gardeners of Ocean County Education Outreach Committee 2025 Garden Project Questionnaire

Facility _____

Address _____

Contact _____ Title _____

Phone _____ Email _____

1. Are you a non-profit or not-for-profit organization? _____

2. Please describe your garden project:

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

Type of garden: _____ Flower _____ Vegetable _____ Rain/Bog Garden

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 _____

Other information _____

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 - _____

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 and 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

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Signature: 
 Doug Zemeckis
 County Agent III/Associate Professor

Signature: _____
 Authorized Representative of Requesting Organization

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 the completed questionnaire, signed guidelines (see next page), and a letter of commitment to:

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



Rutgers Master Gardeners of Ocean County
Education Outreach Committee
 2025 Guidelines for School and Community Projects

Rutgers Master Gardeners WILL DO List

- ❖ Will provide services to only non-profit or not-for-profit organizations.
- ❖ Will serve in an **advisory capacity** to educate the project participants on:
 - Good garden design
 - Proper plant selection (primarily focusing on non-invasive native plants)
 - Sound horticultural and environmental practices
 - Soil preparation, including pH testing and soil analysis
 - Planting
 - Watering
 - Fertilizing
 - Mulching
 - Maintenance of newly planted stock
 - Weeding
 - Deadheading
 - Pruning
- ❖ Will organize a volunteer team of Rutgers Master Gardeners to mentor the project.
- ❖ Will welcome coverage from local media that promotes the Rutgers Master Gardener program and highlights the efforts of our volunteers in the community.
- ❖ Will provide the administrators of the facility with these guidelines.

Rutgers Master Gardeners WILL NOT DO List

- ❖ Will not provide manual labor.
- ❖ Will not provide plants or other garden materials.
- ❖ Will not provide tools or other gardening equipment.
- ❖ Will not be responsible for supervising project participants in the absence of the professional staff.
- ❖ Will not continue a project at a facility without proper preparation, including having project participants and supervisory professional staff ready for scheduled gardening activities.

I understand and will adhere to the above guidelines.

Facility Administrator _____ Title _____

Facility _____ Date _____