# Garden Supply Purchase Form

## Instructions:

Please review the [SNAP-Ed Allowable Garden Expenditure Chart](https://uccalfresh.sf.ucdavis.edu/sites/g/files/dgvnsk2286/files/inline-files/SNAP-Ed%20Funded%20Garden%20Expenditures.pdf) and refer to the [SNAP-Ed Guidance](https://snaped.fns.usda.gov/snap/Guidance/FY2019SNAPEdPlanGuidanceFULL.pdf) (page 88) to determine if you need to complete this form. If the item(s) you are planning to purchase are listed in the yellow column of the SNAP-Ed Allowable Garden Expenditure Chart, or are not listed on the chart at all, please complete this form and submit it to the appropriate State Office contacts (outlined below) to determine if your purchase is allowable.

## State Office Contacts:

* [Your county lead](https://uccalfresh.sf.ucdavis.edu/sites/g/files/dgvnsk2286/files/files/page/UC%20CalFresh%20State%20Office%20County%20Assignments_0.pdf)
* MaryAnn Mills- [mamills@ucdavis.edu](mailto:mamills@ucdavis.edu)
* Lindsay Hamasaki- [lhamasaki@ucdavis.edu](mailto:lhamasaki@ucdavis.edu)

## County Contact Information:

|  |  |
| --- | --- |
| **County:** |  |
| **Name of Person Submitting Request:** |  |
| **Email Address:** |  |
| **Phone Number:** |  |

## Site Information: (if not applicable, please write N/A in the column)

|  |  |
| --- | --- |
| **Site Name:** |  |
| **Number of SNAP-Ed participants reached through this garden:** |  |
| **Description of garden work at this site:** |  |
| **Nutrition and/or Garden Enhanced Nutrition Education Curriculum utilized at this site:** |  |
| **Description of garden maintenance plan at this site:** |  |
| **Description of community, parent, or youth involvement in the garden:** |  |
| **Description of plan to ensure garden sustainability:** |  |
| **Description of how garden produce will be used:** |  |
| **Description of connecting the garden to the school and/or community:** |  |

## Supply List: *(add new rows if needed)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Item Name** | **Brief Description and/or Item Hyperlink** | **Brief Justification of Item Need** | **Estimated Cost** |
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| **TOTAL:** | | |  |