City of North Little Rock Community Garden Program - Dept. of Neighborhood Services

PROGRESS REPORT FORM

4



Garden Name:			Ward:	1	2	3
Garden Manager:			Date:			
6 MONTH REPORT		FINAL REPO	ORT			
***	*PLEASE INCLUDE PHOT	TOS OF YOUR GARDE	N ***			
PROGRESS REPORT Attach additional pages as ne	eeded.					
 Please describe your funding. 	progress on the three n	neasurable goals outl	ned in yo	ur applio	cation fo	r
	your garden has been o es the garden volunteer	•				
	your garden has evolved	• .	eriod has	begun/si	ince you	r last

City of North Little Rock Community Garden Program

4.	Please describe any challenges you have come across and how you addressed them. What kind of assistance would you like to the see from the Community Garden Program?		
5.	How many new acres/rows/beds were cultivated and/or constructed since the funding period began/since your last report?		
6.	How many volunteers are involved in your garden?		
7.	How many volunteer hours have been logged in your garden?		
8.	How many new gardeners/volunteers have become involved in your garden since the funding period began/since your last report? How have you recruited gardeners/volunteers?		
9.	How have you advertised the availability of garden plots in your community?		
10.	Have you provided educational opportunities about gardening and/or nutrition? If yes, please described the activity and whom you partnered with.		
11.	How can the City of North Little Rock improve the Community Garden Program?		