WSU Cowlitz County Master Gardeners

Cowlitz Grows

Raised Garden Bed Application 2027

Cowlitz Grows helps people grow their own fresh, healthy food.

Cowlitz Grows is a collaborative community education program of the WSU Extension Master Gardening Program.

Cowlitz Grows focuses on helping gardeners with limited incomes gain access to healthy food and the confidence to grow it successfully.

Cowlitz Grows provides everything needed to begin growing vegetables, fruits, and plants:

- a raised garden bed,
- installation soil,
- seeds and/or a gift certificate for the annual Cowlitz County Master Gardener plant sale,
- ongoing gardening workshop opportunities,
- and hands-on learning with an assigned mentor, if you choose to have one.

BONUS: An assigned mentor provides recipients the opportunity to obtain answers to gardening questions and receive support throughout the growing season. Although participants are not required to have a mentor, mentors are available to aid in participants' garden success.

WASHINGTON STATE UNIVERSITY EXTENSION

WSU Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local WSU Extension office.

Application Qualifications

1. **Resident of Cowlitz County, Washington.**
2. **Meet household income guidelines** at the time of application. These guidelines are based on household income at or below 200% of the Federal Poverty Level. Use the following chart to see if your household qualifies.

   2026 Household Income Guidelines

   1 person: $31,300 per year ($2,608/month)

   2 people: $42,300 per year ($3,525/month)

   3 people: $53,300 per year ($4,442/month)

   4 people: $64,300 per year ($5,385/month)

   5 or more people: add $10,175 per yr for each additional person

   ***Note: Income information is self-reported. Applicants will not be asked to provide proof of income.** We ask that you review the income guidelines and apply honestly based on your household situation. If you're unsure whether you qualify, we encourage you to apply—we're happy to help answer questions.
3. **Agree to participate in completing three data surveys** through the growing season related to what you are growing and learning. Master Gardeners will be available to assist you in completing surveys, if needed.
4. **Agree to attend one 90-minute gardening orientation workshop to help the garden's success.**
5. **Complete the *Cowlitz Grows* Application, answering all questions on each page then sign and date the application.**
6. ***Submit the application no later than Tuesday, November 10, 2026. Submit online at https://wsu.co1.qualtrics.com/jfe/form/SV_39HnZEMPcmJkONg or by mail or in person at the WSU Cowlitz County Extension Office, 304 Cowlitz Way, Kelso, WA 98626 by November 10, 2026.***
7. ***Any questions about this application or program should be directed to Karyn Schimmels, WSU Extension Master Gardener Coordinator for Cowlitz County, 360-577-3014, EXT 3.***

Application

1. **Applicant(s) Contact Information**

   a) **First and last name(s)**

   _____

   b) **Street Address**

   _____

   c) **City, County & State**

   _____

   d) **Email**

   _____

   e) **Phone Number**

   _____

2. **How did you hear about this program? Select all that apply.**

   - ☐ TV
   - ☐ Social Media (Facebook, NextDoor, Instagram, etc.)
   - ☐ Email
   - ☐ Radio
   - ☐ Newspaper
   - ☐ Word-of-mouth
   - ☐ Other

3. **Have you or anyone in your household previously applied for a raised garden bed from this program?**

   - ○ Yes
   - ○ No

4. **Have you or anyone in your household previously received a raised garden bed from this program?**

   - ○ Yes
   - ○ No

5. **Provide the number of people in your household by age.**

   _____0-10
   _____11-20 years
   _____21-40 years
   _____41-60 years
   _____61+ years

6. **Do you currently have a vegetable or flower garden?**

   - ○ Yes
   - ○ No

7. **Describe your gardening experience. Select all that apply.**

   - ○ I'm new to gardening
   - ○ I've done a little gardening
   - ○ I have some experience
   - ○ I'm an experienced gardener
   - ○ I've been gardening for many years

8. What would you like to grow in your raised garden bed? Select all that apply.

- ☐ Vegetables
- ☐ Herbs
- ☐ Fruit (such as berries)
- ☐ Flowers (for pollinators or cutting)
- ☐ A mix of different plants
- ☐ I'm not sure yet
- ☐ Other _____

9. Who will be responsible for maintaining the garden? Select all that apply.

- ☐ Myself
- ☐ Children
- ☐ Other family members
- ☐ Other _____

10. Where would you place the raised garden bed? Select all that apply.
You are also welcome to submit up to four pictures or a sketched drawing of your raised garden bed location and vision.

- ☐ Grass or soil
- ☐ Gravel
- ☐ Concrete or other hard surface
- ☐ Not sure yet

11. How much sun does the raised garden bed location (prior question) receive?

- ☐ Gets 8 or more hours of sun each day

- ☐ Gets less than 6-8 hours of sun
- ☐ Gets less than 6 hours
- ☐ Not sure

12. What gardening resources do you have? Select all that apply.

- ☐ Space for a garden
- ☐ Access to water (hose or spigot)
- ☐ Garden hose
- ☐ Basic garden tools (shovel, trowel, gloves, etc.)
- ☐ Fencing or protection from animals
- ☐ Help from a friend, family member, or neighbor
- ☐ None of the above
- ☐ Other _____

13. How do you plan to manage weeds, pets, and pests in your raised garden bed? Select all that apply.

- ☐ Hand weeding
- ☐ Mulch (straw, leaves, wood chips, etc.)
- ☐ Fencing or barriers (for pets or wildlife)
- ☐ Row covers or netting
- ☐ Store-bought pest controls
- ☐ Natural or non-chemical methods
- ☐ I'm not sure yet / I'd like guidance on how to monitor and manage problems in my garden.

14. What are your goals for your garden this year? Select all that apply.

- ☐ Grow food for my household
- ☐ Save money on groceries
- ☐ Feel more confident caring for plants
- ☐ Learn new gardening skills
- ☐ Improve my health or eat more vegetables
- ☐ Grow food for my household
- ☐ Spend more time outdoors
- ☐ Share food with family, friends, or neighbors
- ☐ Learn ways to garden safely and comfortably with my physical limitations
- ☐ Create a garden for pollinators
- ☐ Try gardening for the first time
- ☐ Is there anything else you hope to get from your garden?

15. Would you like to be assigned a certified Cowlitz County Master Gardener mentor? This individual would be available for the 2027 growing season and for the nine months following raised garden bed installation to provide education and support as you lean into growing your own food!

- ○ **Yes! I'd love to have an assigned mentor that I can call on, ask questions and learn from.**
- ○ **No, I am not in need of an assigned mentor at this time but** I agree to complete the data surveys as a part of this program. I understand that I may be contacted by a Master Gardener to collect data survey information or to remind me of due dates.

16. **How do you think this raised garden bed might help you or your family?**

_____

_____

_____

17. **To receive a raised garden bed, you must attend a 90-minute ORIENTATION workshop. If selected, can you attend the workshop?** *(Workshop date(s) will be provided after the selection process. We'll do our best to offer date(s) that work for participants.*)

- ○ Yes
- ○ No

18. **To receive a raised garden bed, you must agree to work with a certified Master Gardener to complete a survey three times during the growing season.** This data is critical to funding support of this program. Do you agree to participate in data collection as a part of receiving a free raised garden bed?

- ○ Yes
- ○ No

19. **There may be times when photographs are taken to document and share the success of the *Cowlitz Grows* program. Do you allow you and your raised garden bed to be photographed and published?**

- ○ Yes
- ○ No

20. **I have read and understand the requirements of the *Cowlitz Grows* program. If selected to receive a free raised garden bed, I agree to stay in contact with Cowlitz County Master Gardeners for the nine months following my raised garden bed installation, complete the Cowlitz County Master Gardener data surveys related to what I am growing, how much I am harvesting, etc. I also agree to provide additional *Cowlitz Grows* program feedback requested.**

_____

Signature of applicant **Date**

_____

Printed name of applicant