



Community Garden Application

The deadline to submit a Community Garden Application is March 30.

HALIFAX

Community Garden Application



Please be sure to read the Community Garden Information Handbook before you apply.

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NAME OF GARDEN GROUP:	
CONTACT PERSON:	EMAIL:
MAILING ADDRESS:	NUMBER OF VOLUNTEERS IN THE PROJECT:
LOCATION OF PROPOSED GARDEN (CIVIC ADDRESS/STREET ADDRESS)	
MANDATE AND HISTORY OF THE GARDEN GROUP:	

NAMES OF VOLUNTEERS INVOLVED IN THIS PROJECT: (AT LEAST 5 ADULTS MUST BE INVOLVED)			
NAME:	EMAIL:	PHONE:	
NAME:	EMAIL:	PHONE:	
NAME:	EMAIL:	PHONE:	
NAME:	EMAIL:	PHONE:	
NAME:	EMAIL:	PHONE:	

I hereby make application for approval of a Community Garden on municipally-owned property with the full knowledge and authorization of the applicant organization as identified on this form.

Signature: _____ **Date:** _____
(Main Contact)

OPERATING THE COMMUNITY GARDEN

MEMBERSHIP FEES

How much will you be charging community members to have a plot in the Community Garden? \$ _____ (Max \$30/season)

WAIT LIST

Confirm that you will maintain a wait list of community members wanting to participate in your Community Garden, and will select new members as space becomes available on a first come – first served basis.

☐ **YES I AGREE** ☐ **NO I DISAGREE**

COMMON AREA

Describe how your Garden Group plans to include a common area for all community members to access? How will you make your garden accessible to the neighbourhood and maintain this common area? (e.g. area to be used by a local elementary school, etc.)

INFORMING THE NEIGHBOURS

Please describe the results of your public information meeting. How many neighbours did you reach? What did you hear? Is there support or opposition? How will you incorporate this feedback into your decisions?

SAFETY

Please describe how your Garden Group plans to promote safety and minimize any risk to garden volunteers and participants.

WATER SOURCE

Please describe where you plan to get your water for this garden?

SITE MAINTENANCE:

How does your group plan to maintain the site? (Grass cutting, composting, etc)

VANDALISM:

How does your group plan to minimize vandalism at your site?

GARDEN BED MATERIALS:

What materials will you use to create your garden beds? (Non-treated wood, stone, etc.)

SITE PLAN:

Please include a site plan with this application. See section 5 for an example of what we are looking for.

CHECK ALL THAT APPLY

- ☐ By checking this box, you are confirming you have contacted the **"Call Before you Dig" Phone Line at 1-866-313-3030** to determine if any gas lines are in the area of the proposed community garden.
- ☐ **We are a non-profit society.** _____
(Please include the certificate number from the Registrar of Joint Stocks)
- ☐ **We are not a non-profit society but are in the process of becoming one.**
- ☐ **We have our own General Liability Insurance.**
- ☐ **We would like to join the insurance for the municipal Community Garden Program.**
- ☐ By checking this box, you are **confirming you have reviewed the Community Garden Handbook.**
- ☐ **Site Plan is included.**

The proposed garden will include: ☐ Ornamental Plants ☐ Edible Plants ☐ Combination

Contact Information for Website

The municipality receives requests from members of the public looking to get involved in Community Gardens. What e-mail address can we give out for others to contact you to get involved? This information will also be posted on our website (Halifax.ca/rec).

E-mail: (please print clearly) _____

In accordance with Section 485 of the Municipal Government Act (MGA), the personal information collected on this application will only be used by municipal staff and, if necessary, individuals under service contract with the municipality, for purposes relating to the administration of the Community Garden Program. If you have any questions about the collection and use of this information, please contact the Access and Privacy Office at 902-490-4390 or accessandprivacy@halifax.ca