



Community Garden program application

The deadline to submit an
application is March 30.

Community Garden program application



Reminder: Please ensure you have read the Community Garden program handbook before applying.

NAME OF GARDEN GROUP			
PRIMARY GROUP CONTACT		EMAIL	
MAILING ADDRESS		NUMBER OF GROUP MEMBERS	
PROPOSED GARDEN LOCATION (CIVIC ADDRESS)			
GARDEN GROUP MANDATE			

MEMBERS OF THE ORGANIZATION INVOLVED IN THIS PROJECT (MIN. FIVE ADULTS):

NAME:		EMAIL:		PHONE:	
NAME:		EMAIL:		PHONE:	
NAME:		EMAIL:		PHONE:	
NAME:		EMAIL:		PHONE:	
NAME:		EMAIL:		PHONE:	

I hereby submit this 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.

APPLICANT'S NAME (PRINTED)	
APPLICANT'S SIGNATURE	
SIGNING DATE	

OPERATING THE COMMUNITY GARDEN

MEMBERSHIP FEES

How much will you be charging per plot in the community garden? \$ _____ (max \$30/season)

WAIT LIST

I will maintain a wait list of community members wanting to participate in the 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?

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 of the program handbook 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.
_____ (Registry of Joint Stocks certificate number)
- 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 municipal insurance plan for the Community Garden program
- We have reviewed the Community Garden program handbook
- The prepared site plan is attached to this application

THE PROPOSED GARDEN WILL INCLUDE:

- Ornamental plants
- Edible plants
- A combination

CONTACT INFORMATION FOR WEBSITE

The municipality receives requests from members of the public looking to get involved in community gardens. What email 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).

EMAIL ADDRESS (PRINTED)

COLLECTION & USE STATEMENT

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 your personal information, please call 311 or email contactus@311.halifax.ca.