



**NEW COMMUNITY GARDEN APPLICATION**

(for Development of a New Partnership Site or Improvement of an Existing Site)

**Neighborhood Association or official or unofficial name (If applicable):**

\_\_\_\_\_

**Contact Person(s) - 2 Leaders Required**

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City Zip

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Street City Zip

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Garden/Park Site**

Name of garden (if existing): \_\_\_\_\_

Address: \_\_\_\_\_

Street City Zip

Map/Block/Parcel: \_\_\_\_\_

Total land area size: \_\_\_\_\_

Other non-gardening uses on the site and their size: \_\_\_\_\_

\_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Property Owner Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City Zip

Property Owner Phone: \_\_\_\_\_

Property Owner Email: \_\_\_\_\_

Has the property owner been contacted and is willing to sign a use agreement? \_\_\_\_\_

### **Garden/Park Site Demographics**

Size of total garden site: length \_\_\_\_\_ width \_\_\_\_\_ fence? \_\_\_\_\_ wall? \_\_\_\_\_

City Council District: \_\_\_\_\_

Representative: \_\_\_\_\_

Current number of gardeners or neighborhood participants who have been contacted who would benefit and use the site: \_\_\_\_\_

*Attach a measured map/plan of the existing site including the source and/or potential location of Water.*

What will be (or is) the source of water to supply the site? \_\_\_\_\_ Are the potential participants willing or able to cover the cost of water? \_\_\_\_\_ If not, what can they afford to pay? \_\_\_\_\_ **Local**

### **Need and Support**

1. Has an actual need for gardening plots in the neighborhood been determined? Yes No If yes, please explain how: \_\_\_\_\_

2. How will neighborhood support for the community garden be (or has been) determined? \_\_\_\_\_ a survey of 2-3 block radius around the site

\_\_\_\_\_ a petition

\_\_\_\_\_ a neighborhood meeting

\_\_\_\_\_ other

3. Will the community garden be sponsored by a local group or organization? Yes No 4.

What is the targeted group that will be participating and/or targeted for participation? \_\_\_\_\_

shelter senior center

\_\_\_\_\_ soup kitchen school

\_\_\_\_\_ day-care center, program medical, care facility

\_\_\_\_\_ youth program other

\_\_\_\_\_ other (please describe) \_\_\_\_\_

5. What is the approximate number of committed participants from this targeted group? \_\_\_\_\_

6. Is there any other local support or potential for support regarding:

\_\_\_\_\_ local volunteer labor groups

\_\_\_\_\_ soil preparation

\_\_\_\_\_ local sponsors and/or financial support

\_\_\_\_\_ local materials donations including fencing, paths

\_\_\_\_\_ art or sculpture

**Please return to SCG by email or mail to: [amanda.drewel@springfieldcommunitygardens.org](mailto:amanda.drewel@springfieldcommunitygardens.org),  
1126 N Broadway, Springfield, MO 65802.**