

Schedule 'C'



Community Garden Application Form

This Application Form is intended to help the City of Owen Sound gather information from individuals and groups within the community who wish to submit a request for a Community Garden for the consideration of the Community Services Division. This will help us connect you with the appropriate staff and resources to help you during the processing of your application. Please fill out the form as completely as possible.

A. APPLICANT INFORMATION (GARDEN EXECUTIVE)			
Group/Organization:		Contact Name:	
Point of Contact Address:			Postal Code:
Telephone Number:		Email:	
Website Address (if applicable):		Alternate Contact (Name and Phone Number):	
Type of Organization:			
Incorporated not-for-profit	Registered Charity	School/ Institution	Other:
B. COMMUNITY GARDEN INFORMATION			
1. Name of Community Garden:			
2. Description of Community Garden Collective (describe your organization, including the number of members):			
3. Project Description (what are the main goals and objectives of your Community Garden project):			
4. a) Community Garden Programming (select all that apply)			
a) raised garden beds	e) communal garden area	i) compost receptacle	m) tool shed and storage area
b) at grade garden beds	f) children's garden	j) water source/ rain barrels	n) bike parking

c) pollinator garden	g) orchard/ fruit trees	k) seating/ rest areas	o) community bulletin board
d) wheelchair accessible garden	h) art space	l) work bench(es) / potting table(s)	p) fencing
4. b) Community Garden Programming, Other Please Specify:			
5. Description of Plan for Community Involvement (how will public interaction be encouraged):			
6. Accessibility (please describe what accommodations you are providing to people with disabilities):			
Proposal Component Checklist			
Choose a Community Garden site.	<input type="checkbox"/>		
Create a project timeline.	<input type="checkbox"/>		
Provide Site Plan.	<input type="checkbox"/>		
Provide Construction Plan.	<input type="checkbox"/>		
Provide a Maintenance Plan.	<input type="checkbox"/>		
Provide a Cost Estimate and Financial Plan.	<input type="checkbox"/>		
Apply for Grants.	<input type="checkbox"/>		
Provide Proof of Insurance.	<input type="checkbox"/>		
Site Plan Checklist:			
Be sure to label all the following items on the Site Plan. Consider drawing detailed areas of the garden on a separate page to convey ideas.			
Applicant Information:			
Applicant's name, address, phone number, and email address	<input type="checkbox"/>		
Site Context:			
Name and address of park/ property where garden is located	<input type="checkbox"/>		

The boundaries and dimensions of the subject land, including frontage, depth and area	<input type="checkbox"/>
Adjacent street names	<input type="checkbox"/>
Neighbouring land uses (e.g., residential neighbourhood, commercial buildings)	<input type="checkbox"/>
The location, type and size of existing features on site (e.g., trees, parking lot, washrooms, playground equipment, pathways). Indicate the distance of existing features to the garden.	<input type="checkbox"/>
Indicate the current uses on the subject land and the uses on the adjacent lands. (e.g. residential neighbourhood, commercial, park)	<input type="checkbox"/>
The location of and size of driveway and parking areas on the subject property.	<input type="checkbox"/>
The location and nature of any easement affecting the subject land.	<input type="checkbox"/>
North arrow, scale, units of measurement	<input type="checkbox"/>
Layout:	
Incorporating your Community Garden Program into your Design.	
Mark location of the garden's programming features e.g., garden beds, potting tables, tool sheds, rest areas etc.	<input type="checkbox"/>
Note details such primary, secondary and accessible pathways, entrances, communal gardening areas, personal garden plots, etc.	<input type="checkbox"/>
Define the boundary of the garden. Indicate: fences, trees, shrubs, a defined planting edge, and signage etc.	<input type="checkbox"/>
<u>Please do not hesitate to reach out if you have questions.</u>	
<u>Return Application to:</u>	
City of Owen Sound Community Services 808 2 nd Avenue East Owen Sound, ON N4K 2H4 Tel: 519-376-4440 ext. 1250; Fax: 519-376-6028 E-mail: osplanning@owensound.ca	