## **Community Garden Application Form FPR001**



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 (COMMUNITY 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 Register   | ed Charity                                 | Club             |  |
| Institution Other:   |  |                  |  |
| <b>B. COMMUNITY GARDEN INFORMATION</b>   | l  |                  |  |
| 1. Name of Community Garden:   |  |                  |  |
| 2. Pre-approved Park where Community Garden is to be located (please note only one (1) Community Garden is permitted per Pre-Approved Park): |  |                  |  |
| 3. Description of Community Garden Co<br>including the number of members in your   |  | ur organization, |  |

**4. Project Description** (what are the main goals and objectives of your Community Garden project):

## 5. a) Community Garden Type(s) and Features (select all that apply)

| food garden          | pollinator garden               | ornamental<br>gardens                     | Indigenous garden             |  |
|----------------------|---------------------------------|---|-------------------------------|--|
| orchard              | communal garden area            | compost receptacle                        | tool shed and storage<br>area |  |
| at grade garden beds | children's garden               | water source/ water<br>storage containers | bicycle parking               |  |
| raised garden beds   | border fence                    | art space/ sculptures                     | community bulletin<br>board   |  |
| seating/ rest areas  | wheelchair accessible<br>garden | work bench(es) /<br>potting table(s)      | Arbour/ trellis               |  |

## 5. b) Please note any other features to be included in the Community Garden that are not included above:

| 6. | Description of Plan for Community Involvement (how will public interaction b | be |
|----|--|----|
|    | encouraged):   |    |

| 7. Accessibility | <sup>,</sup> (If applicable, | please descri | be what | accommod | ations you | are pr | oviding |
|------------------|------------------------------|---------------|---------|----------|------------|--------|---------|
| to persons wi    | th disabilities):            |               |         |          |            |        |         |

## Application Checklist

| Choose a Community Garden site from the list of City Parks Pre-approved for |
|---|
| Community Gardens.  |

Create a project timeline.

Provide a dimensioned Site Plan showing the location and area of the Community Garden and setbacks from the park property boundaries (see the attached sample site plans).

Provide a Site Plan showing the proposed layout and features of the Community Garden (see the attached sample site plans).

Provide Construction Plan including details of proposed materials.

Provide a Maintenance Plan.

Provide a Cost Estimate and Financial Plan.

Provide a Plan for water use, including water storage or access to water

Provide a terms of reference for the Community Garden Collective that identifies the goals of the group and how the group will organize itself and manage its affairs (the terms of reference should reflect the Community Garden Principles listed in Appendix 'A' of the Community Gardens Policy).

Π

| Provide proof of insurance naming the City as an additional insured   |         |
|---|---------|
| Site Plan Checklist:<br>Be sure to label all the following items on the required Site Plans. Please refer to the<br>example Site Plans attached as a visual reference.  | he      |
| Applicant Information (must be included on all Site Plans):   | 1       |
| Applicant's name, address, phone number, and email address  |         |
| <b>Dimensioned Site Plan:</b><br>showing the location and area of the Community Garden and setbacks from the pa<br>property boundaries.   | ırk     |
| Name and address of the City Park Pre-Approved for Community Gardens where the Community Garden is proposed to be located   |         |
| The boundaries and dimensions of the park, including frontage, depth and area   |         |
| Where required, mark the location of the garden's planting strip and or privacy fence (planting strips/ privacy fences are required subject to sec.14 of the Community Gardens Policy)  |         |
| Community Garden setbacks from the park property boundaries. Please note the required minimum setbacks are provided in sec.13 of the Community Gardens Policy   |         |
| Abutting street names   |         |
| Surrounding land uses abutting park (e.g., residential, commercial, or institutional)   |         |
| The location and type of existing features on site (e.g., trees, parking lot, washrooms, playground equipment, pathways). Indicate the distance of existing features to the garden  |         |
| North arrow, scale, and units of measurement  |         |
| Site Plan - Community Garden Design:<br>showing the proposed layout and features of the Community Garden.<br>When designing the garden and selecting plant material be sure to consider existin<br>conditions such as wind, slope, trees, sun exposure, and drainage. | ng site |
| Mark the locations of the garden's required features: corner posts and signage  |         |
| Mark the locations of the garden's optional features e.g., garden beds, border fences, potting tables, tool sheds, rest areas etc.  |         |
| Note circulation details such as primary, secondary, and or accessible pathways, entrances, etc.  |         |

| Define the proposed boundary of the garden.                |  |
|--|--|
| Please do not hesitate to reach out if you have questions. |  |
| Return Application to:                                     |  |
| City of Owen Sound   |  |
| Community Services   |  |
| 808 2 <sup>nd</sup> Avenue East                            |  |
| Owen Sound, ON N4K 2H4                                     |  |
| Tel: 519-376-4440 ext. 1250; Fax: 519-376-6028             |  |
| E-mail: <u>osplanning@owensound.ca</u>                     |  |



