



50 Arcand Drive, Lowell, MA 01852 T: (978) 674-4252 F: (978) 446-7014

## COMMUNITY GARDEN COORDINATOR APPLICATION

The City of Lowell supports community initiatives that promote citywide sustainability, community pride, and healthy living, and therefore encourages qualified residents to establish, manage, and maintain their own community gardens on city-owned property.

**Community Garden Coordinator Applications and Agreement Forms (both required) may be submitted on a rolling basis.** The City of Lowell will review applications and make determinations **within 30 days** of the date the application is received. Please submit applications to: Yovani Baez, Neighborhood Planner, 50 Arcand Drive, Lowell, MA 01852, or by email at [ybaez@lowellma.gov](mailto:ybaez@lowellma.gov).

### Applicant Information

Name of Garden Coordinator	
Address of Garden Coordinator	
Phone of Garden Coordinator	
Email of Garden Coordinator	
Affiliation/Organization: _____	
Location of Proposed Community Garden: _____	

## Qualifications

- Must be a Lowell resident
- Must be fluent in English
- Must have a minimum of 3 years gardening experience
- Must be able to demonstrate that there is demand by a minimum of 8 volunteers who will work cooperatively in establishing the proposed garden
- Must be capable of adhering to the City of Lowell Community Garden Guidelines and be responsible for the tasks outlined in the Garden Coordinator Agreement Form

## Experience

Please describe your past work/volunteer experiences as they relate to gardening.

	Institution/Organization	Position/Title	City/Town	Dates
1				
2				
3				
4				

## Professional Certification & Training

Please list any relevant degrees or certifications you have earned or obtained (ie: Organic Gardening or Permaculture Design Certification).

Type of Certification	Institution	Date of Certification

## Garden Organization & Design

Please enclose a diagram and a photograph (jpg or hard copy print) of your proposed garden site. In the diagram, please identify the entrance, location of the tool, and the orientation and number of raised beds. Please list the plants that you intend to grow in the garden:

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### Maintenance & Funding

Please provide a list of the materials that will need to be obtained as you prepare your garden space, and how you intend to pay for these items (including the construction of raised beds/fencing/tool shed, and the purchase of tools, soil, seeds, etc).

Item	Cost	Funding Source

**Total:**

### References

Please list two references that can speak on behalf of your gardening experience/ability.

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

Name: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

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

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

### **Garden Volunteers**

Below, please include names and signatures of all volunteer gardeners that wish to work with you in establishing your garden (minimum of 8 required).

**Name**

**Signature**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

***My signature indicates that the information I have provided herein is accurate. By submitting this application, I am committing myself and my group of volunteer gardeners to the establishment and maintenance of the proposed garden site.***

***I understand that, should the Community Garden Guidelines be violated, the City of Lowell has the right to terminate access to the parcel for cause or no cause.***

***In signing here, I also grant the City of Lowell permission to share my contact information with others who may possess similar gardening interests so as to allow for effective communication about important information and upcoming events.***

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Signature  
Garden Coordinator

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Date

**Please submit application forms to:**

Yovani Baez, Neighborhood Planner  
City of Lowell  
JFK Civic Center  
50 Arcand Drive  
Lowell, MA 01852  
(T): 978-674-4252 or (F): 978.446.7014  
(Email): [ybaez@lowellma.gov](mailto:ybaez@lowellma.gov)