City of Toledo Department of Public Utilities
Community Garden Water Program
Application

1. Address of Community Garden: ____________________________________________
   ___________________________ Zip code __________________

2. Name of Authorized Person/Organization (Agent/Agency) in whose name the Community
   Garden Water Service would be placed: ____________________________________________

3. Address of Agent/Agency: ________________________________________________
   ________________________________________________

4. Telephone Number of Agent/Agency: _______________________________________
   Email address: ____________________________________________________________

5. Is this a continuing garden effort or a new gardening project? ______________________
   • If continuing, how long (months/years) has this garden been worked by this group?
     _______________________________________________________________________
   • If new, please indicate why your group decided to begin the project:
     _______________________________________________________________________

6. Is the garden primarily for food or beautification? _____________________________

7. Number of gardeners who regularly volunteer in the garden: ___________________

8. Number of families who are served by the garden: _____________________________

9. Is this Community Garden affiliated with a neighborhood organization, community outreach
   program such as Toledo GROWs, or other gardening support entity?
   • If yes, please list organization and contact name: _____________________________
   • If no, would your group like to learn more about potential resources available for
     community gardens in your area? ____________________________________________

10. Has the soil in this garden been tested?  Y   N  When? _______________________
    • By whom? ______________________________________________________________
11. Please list any in-kind assistance (including plant or equipment donations) your project has received and from whom?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

12. Property Owner’s Name, Address and Contact Information (if other than Agent):

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. Please list all water sources in and around your garden, whether they are being used, and if so, describe any issues:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

14. Other information applicants may wish to share with the Panel:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature of Authorized Agent in whose name Water Service Will Be Placed (See #2 above)

________________________________________  ____________________________

Name and Contact Information for Community Garden Leader if different from above:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Requests will be reviewed twice per year when funding is available. Please submit completed applications by April 1 or September 1 to:

City of Toledo Community Garden Water Program
Department of Public Utilities
420 Madison Avenue
Toledo, Ohio 43604

Applicants will be notified of the results following the review process.  THANK YOU.