



New York State Community Gardens Soil Testing Program
2024 Application
RFA0324

Applicant Information

Garden Name: Garden County:

Garden Address:

City: Zip:

Contact Name:

Organization and/or Title:

E-mail Address*: Phone Number:

**Please ensure the e-mail address listed is accurate and active.*

Eligibility

Is this a food-producing garden? Yes No

Does the garden contain berry or fruit crops? Yes No

Garden Type: Established New

Please provide additional documentation. Incomplete applications will not be processed.

Established Garden. Please attach the following to your application:

- Proof of land access in the form of a lease, deed, agreement, or other documentation
- Proof of active programming (*calendar of events, volunteer schedule, social media posts, etc.*)

OR

New Garden. Please attach the following to your application:

- Evidence of community interest and support (*letter of agreement from the municipality, list of volunteers, etc.*)
- A leadership committee in place to formulate structure – bylaws
- A budget plan listing available resources
- Site designation with proof of land access (*lease, deed, agreement, permit from the city, letter from a town Clerk, etc.*)

Applicant Signature

By participating in the Community Gardens Soil Testing Program, I am authorizing the New York State Department of Agriculture and Markets to share my contact information with Cornell University. I understand that I am responsible for the soil sample shipping costs.

Signature:

Date:

Name (printed):