



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: Sophie Mortimer, Neighborhood Planner, 50 Arcand Drive 2nd Floor, Lowell, MA 01852, or by email at smortimer@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 shed, and the orientation and number of raised beds. Please list the plants that you intend to grow in the garden:

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:

Signature
Garden Coordinator

Date

Please return to:

Sophie Mortimer, Neighborhood Planner
City of Lowell
50 Arcand Drive, 2nd Floor
Lowell, MA 01852
(T): 978-674-1445
(Email): smortimer@lowellma.gov