



APPLICATION FORM - PAGE 1 OF 3 Community Garden Initiative - Local Proposal

PROPOSAL APPLICANT

LOCAL:

MMF REGION:

NAME OF LOCAL APPLICANT CHAIR:

MMF CITIZENSHIP NUMBER:

TELEPHONE:

EMAIL ADDRESS:

NAME OF ADDITIONAL AUTHORIZED REPRESENTATIVE:

MMF CITIZENSHIP NUMBER:

TELEPHONE:

EMAIL ADDRESS:

NAME AND EMAIL OF PROPOSED LOCAL COMMUNITY GARDEN COORDINATOR:





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COMMUNITY GARDEN PROPOSAL

Please answer the following questions to the best of your ability. Paragraph and point form options are both acceptable.

1. Explain where you would like to place your community garden. Is it on private, city, or Local owned land? Describe the ideal size of your community garden.

2. What is the level of gardening experience of Citizens within your Local?

3. Explain how maintenance of the community garden will occur.

Think about questions such as:

∞ *“Who will water daily or weekly?”*

∞ *“Will there be a volunteer schedule for weeding, watering, and other maintenance activities?”*

∞ *“Who gets the produce when it’s grown and who decides this?”*

∞ *“Will the garden be accessible to all Local members at all times or will it be locked for periods of time? Why?”*



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4. Why should your Local be chosen for the MMF Community Garden Initiative?

5. Do you have the necessary infrastructure in place to support a community garden?

- ∞ *“Is there sufficient light for growing?”*
- ∞ *“How will the garden access water?”*
- ∞ *“Do you have the necessary interest to sustain long term care for a community garden? Please elaborate”*
- ∞ *Please indicate the number of individuals within the Local that would take part in this project.*