



Community Garden Questionnaire

Name of Organization _____

Website address _____ FEIN _____

If you do not have a website, attach brochure and detailed description of daily activities of organization.

Is insured a non-profit? Yes No

Years in business _____ Years under current management _____

General Information

Yes No

- | | | | |
|--|--------------------------|--------------------------|--|
| 1. What is the size of the farm/garden? _____ | | | |
| 2. Do you utilize gardening or farming equipment other than hand tools?
If yes, please describe. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. Will all gardening be conducted in raised beds or container gardening?
If no, describe prior use of land. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. Is the garden within 1/2 mile of any property with hooved animals (<i>i.e., cows, pigs, etc.</i>)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. Will the garden include leafy greens or cantaloupe?
Please describe what will be grown. | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. Please indicate the purpose of the garden (<i>select all applicable</i>): | | | |
| <input type="checkbox"/> a. Individual use | | | |
| <input type="checkbox"/> b. Intent to harvest and donate produce | | | |
| i. Please indicate either the estimated weight of annual produce _____ lbs or the estimated monetary value of the produce \$ _____ | | | |
| <input type="checkbox"/> c. Intent to harvest and sell the produce | | | |
| i. Will the produce be used to create additional food items (<i>i.e., pies and jams</i>)? | <input type="checkbox"/> | <input type="checkbox"/> | |
| ii. Please indicate estimated revenue for the produce (<i>and other food items</i>) \$ _____ | | | |
| 7. Do you use any genetically modified materials in the garden? | <input type="checkbox"/> | <input type="checkbox"/> | |

A. Sanitation and Contamination Prevention

Yes No

- | | | | |
|--|--|--|--|
| 8. Do you require proper sanitation and hygiene for all individuals handling the crops?
Please describe sanitation and hygiene practices: | | | |
| 9. How are equipment and tools cleaned/sanitized? | | | |

A. Sanitation and Contamination Prevention *Continued*

Yes No

10. What procedures are used to protect crops from contamination during harvesting and transportation?

11. Is the water source utilized clean/ free of any contaminants?

12. Identify any other possible sources of contamination and the measures taken to reduce potential risk.

B. Fertilizers and Pesticides

Yes No

13. Are any fertilizers used?

If yes, which fertilizers are used? _____

How is the fertilizer applied? _____

14. Will pesticides and/or herbicides be used in the garden?

If yes, what is used and how is it applied? _____

15. Do you follow the manufacturer's guidelines for safely mixing, applying, and storing the materials?

Signature _____

Title _____

Date _____

Completed by _____

Email _____