

# ALLEGHENY GROWS Application for 2014 Program Year



## Application Timeline

Monday, July 29 – application released  
Saturday, August 3 – application info session #1  
Thursday, August 15 - application info session #2  
Friday, September 6 – application deadline 5:00 pm

**All applicants must attend one information session.**  
To RSVP for an information session, contact Marisa Manheim  
(contact detail below).

## The Allegheny Grows Community Garden Program

Allegheny Grows is a program of Allegheny County Economic Development that encourages community and workforce development through urban farming and gardening. Through partnerships with Grow Pittsburgh and the Western Pennsylvania Conservancy, Allegheny Grows provides education, planning resources, materials and technical assistance for existing and newly developing community vegetable gardens in low-to-moderate income communities throughout Allegheny County.

We recognize that starting a garden is a long-term process. The application that follows enables our team to evaluate where your group is in the process of starting a community food project. Please fill it out as completely as you are able. ***We will assist all groups who apply to develop their garden vision.*** Those groups that meet the following criteria will also be eligible to be considered for spring 2014 garden builds:

1. at least 6 organized and motivated gardeners in your garden group
2. a suitable site for gardening
3. written permission to garden on a lot that is owned by the municipality, the County, or a non-profit organization
4. an established organizational partner
5. the ability to install a municipal water supply at the site

Please feel free to contact the following people for application assistance:

**Daniel Tobin**  
Allegheny County Economic Development  
Daniel.Tobin@alleghenycounty.us  
P 412-350-5594  
F 412-642-2217  
One Chatham Center-Suite 900  
112 Washington Place  
Pittsburgh, PA 15219

**Marisa Manheim**  
Grow Pittsburgh  
marisa@growpittsburgh.org  
(412) 362-4769 x103  
6587 Hamilton Ave.  
Pittsburgh, PA 15206

(application begins on next page)

# ALLEGHENY GROWS Application for 2014 Program Year

## Part 1: CONTACT INFORMATION

Gardens are most successful when multiple people hold leadership positions. Please identify two other garden leaders below, and designate one as the primary contact for the application.

### Primary Contact Person / Garden Coordinator #1

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Organizational Affiliation: \_\_\_\_\_

List all other organizations in which they hold leadership roles: \_\_\_\_\_

---

### Garden Coordinator #2

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Organizational Affiliation: \_\_\_\_\_

List all other organizations in which they hold leadership roles: \_\_\_\_\_

---

### Garden Coordinator #3

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Primary Organizational Affiliation: \_\_\_\_\_

List all other organizations in which they hold leadership roles: \_\_\_\_\_

---

# ALLEGHENY GROWS Application for 2014 Program Year

## Part 2: ORGANIZATION INFORMATION

Applications to the Allegheny Grows program must be submitted by an organized, neighborhood-based group, such as a non-profit with offices in the neighborhood, a community development corporation, a neighborhood association, an educational or local government entity.

Name of the organization sponsoring the garden: \_\_\_\_\_

When was your organization formed? \_\_\_\_\_

How many members belong to your organization? \_\_\_\_\_

How is membership defined by your organization (i.e. dues, participation requirements, etc.?)

\_\_\_\_\_

\_\_\_\_\_

Does your group hold events and meetings on a regular basis and if so, what kind?

\_\_\_\_\_

On average, how many volunteers have supported an event like the ones described above?

\_\_\_\_\_

Please list the names of additional community organizations that you plan to reach out to for support:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Are there any food pantries in the vicinity of the garden? \_\_\_\_\_

## Part 3: GARDEN SITE INFORMATION

Filled out by: \_\_\_\_\_

**\*\* To find map-block-lot number and other details about the property, visit the Allegheny County Real Estate website:**  
<http://www2.county.allegheny.pa.us/realestate/Default.aspx>

Garden site address or map-block-lot numbers: \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Census Tract: \_\_\_\_\_

**\*\* If you are unsure of your Census Tract, go to:** <http://factfinder2.census.gov/faces/nav/jsf/pages/index.xhtml>

Property Owner's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Approximate site dimensions (please include units of measurement): Length \_\_\_\_\_ Width \_\_\_\_\_

## ALLEGHENY GROWS Application for 2014 Program Year

Does at least 500 sq. ft. of the property receive at least six hours of sunlight?      Yes      No

Has the garden site been tested for lead contamination?      Yes      No

If yes, what was the result? \_\_\_\_\_ (in PPM or other)

Does the property have a municipal water source (like a spigot) on site?      Yes      No

If no, please describe what is there: \_\_\_\_\_

Who is the local water authority in your borough or municipality? \_\_\_\_\_

Please identify a contact at the local water authority who deals with new water line installations: \_\_\_\_\_

Which of the following characterizes the slope of the garden site? (Please circle all that apply.)

Flat terrain (0-5% slope)

Gradual (5-10% slope)

Moderate (10-20% slope)

Has illegal dumping occurred on the site?      Yes      No

Was the site ever occupied by a factory, mechanic shop or gas station?      Yes      No

What was the previous use of the site? \_\_\_\_\_

Are there tall weeds/growth on the site?      Yes      No

Is there any knotweed on the site?      Yes      No      I don't know.

Are there any of the following wildlife at or near the site (circle all that apply)

Deer

Rabbits

Groundhogs

Other \_\_\_\_\_

Is any of the surface of the property covered with slag, concrete, asphalt, or shale?      Yes      No

If yes, please describe: \_\_\_\_\_

Does the site have any of the following other characteristics: rubble, brick coverage, building foundations, unevenness, sink

holes, areas of pooling water, etc.)? If so, please describe: \_\_\_\_\_

Land use of abutting properties (please circle all that apply):

Commercial

Residential

Vacant

Who currently uses the site and for what purpose(s)? \_\_\_\_\_

# ALLEGHENY GROWS Application for 2014 Program Year

## Part 4: GARDEN VISION

What type of community garden do you envision on the site? (Please check all that apply.)

- \_\_\_ Individual plots aka “allotment garden” where individuals rent or adopt beds to grow crops
- \_\_\_ Community Farm: land gardened collectively by people for personal use, donation or sale

Please explain the vision for this community garden project, including who it will serve and potential partners:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

# ALLEGHENY GROWS Application for 2014 Program Year

## Part 5: EVIDENCE OF SUPPORT

**Municipal Contact Person** – please identify one municipal representative who will speak with us about your application.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. Please submit a letter of support from each of the following entities:

\_\_\_ Municipality—required

\_\_\_ Public or nonprofit property owner—required

\_\_\_ Other supporting organizations—optional (These may include community and economic development organizations, after-school and summer programs, Scouting Troops and other civic organizations that are willing to contribute to the garden.)

2. Please submit a petition signed by at least 15 neighboring residents and business owners who are in favor of the garden. Star or highlight those who are in sight of the garden.

3. Please submit a list of at least 6 potential participants who are willing to help establish and maintain the garden. Include daytime and evening phone numbers for each potential participant.

## Part 6: AGREEMENTS & EXPECTATIONS

All 3 named garden leaders are asked to initial each of the following statements.

If selected to participate in the Allegheny Grows Program, I agree to:

\_\_\_\_\_ Participate in a minimum of two wintertime planning sessions and monthly meetings during the spring, summer, and fall

\_\_\_\_\_ Recruit two community representatives to attend the Garden Primer Class series (free)

\_\_\_\_\_ Cooperate with ACED and partner organizations to realize my organization's vision for a community garden

\_\_\_\_\_ Enter into a site access and land use agreement with Grow Pittsburgh

\_\_\_\_\_ Keep the garden in use and productive for at least five years

\_\_\_\_\_ Weigh and record garden produce yields and record project participation according to program guidelines

Primary Contact's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please postmark or email completed application **by 5:00 PM, Friday September 6<sup>th</sup>, 2013 to:**

Daniel Tobin

Mail: Allegheny County Economic Development, One Chatham Center – Suite 900

112 Washington Place, Pittsburgh, PA 15219

Email: Daniel.Tobin@alleghenycounty.us