

Plot Agreement for 2017 Season

Gardeners:

- All Project Bloom Community Vegetable Gardeners must be Islip Township Residents
- Completed forms should be emailed to keepislipclean@optonline.net or mailed to Project Bloom, Keep Islip Clean, 660 Main Street, #2, Islip, NY 11751

Plot Spaces:

- Greenhouse/Garden Volunteers have preferred plot spaces in Community Vegetable Bed.
- Remaining plots assigned on a first-come basis. One plot space per household.
- Bed assignments will begin in March and all beds must be started by May 15th.
- Plots must be maintained during the season. This includes weeding in your bed <u>and</u> in the paths surrounding your bed. Gardeners are required to help with garden chores in flower beds, herb garden, children's garden and other community garden spaces at Project Bloom.
- Plan to spend an hour every week.
- Plots must be cleaned up for the season no later than November 15.
- Unmaintained plots will be forfeited and offered to the next gardener on the waiting list.

This is an Organic Vegetable Garden:

- Respect the soil and your fellow Gardeners! Act responsibly.
- No toxic chemicals or fertilizers. No raw animal waste. Only composted manure.
- Please grow only vegetables. Marigolds are okay to help control insects.
- Water in the morning only, to prevent fungus and bugs. Water your own plot only.
- Be careful when moving the hose between beds to avoid damaging your neighbors' plants.
- Don't dump weeds in Islip garbage barrels. Use the designated composting area.

Food Donations:

• When harvest permits, it would be nice to donate extra produce to a food bank or soup kitchen.

I agree to the Terms of the Project Bloom Vegetable Plot Agreement. I will help to plant and maintain the community gardens at Project Bloom, and I agree to maintain my vegetable plot and adjacent paths. I understand that failure to comply as stated will result in forfeiture of my allocated plot space.

A strong commitment to time and energy is required for this program. Applicants should read this form carefully and apply only if adherence to all requirements can be guaranteed.

Signed:	Date:
Print Your Full Name:	
Street Address:	
City, State, Zip:	
Phone:	
Email:	