***Community Garden Program***

*301 College Drive / PO Box 490*

*New Town, ND 58763*

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*Phone No. cell. (307) 679-8687*

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**Summer of 2021**

**NHSC Community Garden Plot Application**

The Nueta Hidatsa Sahnish College is now accepting applications for summer community garden plots. Plots are approximately 30 ft x 40 ft. We take applications on a first come, first served basis. **Planting deadline is June 1st.**

**We are highly encouraging all community gardeners to consider establishing a home garden.**  **NHSC will provide assistance to anyone interested in establishing a home garden.**

**Name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preferred Method of Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OPTION 1: I would like to request a single 30 ft x 40 ft community garden for my and my family’s gardening activities and agree to complete a 1 page data worksheet below.**

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**OPTION 2: Are you interested in sharing a single plot with a group to share work & produce of one garden to collaborate and learn with others? I also agree to complete a 1 page data worksheet below. Answer yes or no, and provide any names of team members or comments below:**

**OPTION 3: Are you interested in volunteering for trade of produce from the gardens?**

**If so, we need to know what tasks you would prefer to learn, and what days and times you are interested in volunteering at the gardens:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OPTION 4: I want assistance in establishing a home garden. Please describe below your desires.**

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**What are you planning to grow and how will you utilize it? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_Fresh Eating \_\_\_\_\_Canning/Preserving/Drying \_\_\_\_\_Trade \_\_\_\_Seed Saving \_\_\_\_Other**

**How would you describe your level of gardening knowledge/experience?**

**Beginner\_\_\_\_\_\_\_ Intermediate\_\_\_\_\_\_\_ Advanced \_\_\_\_\_\_\_**

**Do you want your plot tilled prior to planting? \_\_\_\_\_Yes \_\_\_\_No**

**What gardening activities would you like to know more about? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How can NHS College staff be of assistance to you and your gardening activities?**

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**By signing this application, I agree to follow NHSC Community Garden guidelines.** I will not hold NHS College responsible for any financial obligations of the garden. I will not hold NHSC responsible for any accidents or injuries I may sustain while participating in garden activities. I understand that planting, maintaining, harvesting and all other aspects of the garden are my responsibility. If for any reason I am unable to fulfil these responsibilities, NHSC has the right to take any necessary measures to my assigned garden plot, including but not limited to, re-assigning to another community member and/or re-planting it to cover crops. I further understand, NHSC will require me to collect data on crops grown during the summer. I acknowledge that I must have some activity and/or contact with NHSC about my garden **before** **June 1st** , otherwise I understand that this plot will be offered to someone else to utilize.

***Furthermore:*Due to our current pandemic situation, NHS expects from ALL active community gardeners to** **practice all protocols recommended by the CDC.**

**If for any reason ALL of these protocols are not being upheld at ANY time, we reserve the right to discontinue your access to the gardens and will donate any and all produce to those in need.**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NHS College Community Gardener’s Pledge:***

**In order to become a stronger community, foster collaboration, and increase soil health in the gardens I pledge to:**

\_\_\_\_ Respect my fellow gardening neighbors and their property who are sharing the same space.

\_\_\_\_ Practice organic methods of gardening to respect the soil food web and all ecosystems of the Earth above and below the ground without the use of synthetic fertilizers.

\_\_\_\_ Keep “weeds” in my garden such as thistle, dandelion, and pigeon grass from spreading seeds.

\_\_\_\_\_ **Be mindful of the resource of water and** **use it sparingly and only as needed to supplement rainfall**. I understand that watering can only be done when evaporation rates low and that sprinkler watering will not be available between 11:30 AM until 4:00 PM. Furthermore, the water will be shutoff at 9 PM nightly~~.~~ NHSC recently added water spigots to the community gardens for easy of access. If these are used to abuse our water resource, they will be shut off.

\_\_\_\_ Be mindful and utilize scouting techniques and alternative physical barriers for pest management instead of **any type of herbicide, pesticide, or fungicide.**

\_\_\_\_ Promote the use of soil health building by incorporating the following practices as applicable to my situation. These practices are to minimize soil disturbance, use soil armor (mulching), crop rotations between families, and to keep a living root in the soil as long as possible to feed and rejuvenate the ecosystem below the ground.

\_\_\_\_ Recycle materials and resources to benefit the gardening ecosystem whenever possible, including contributing responsibly to the gardens’ composting practices.

\_\_\_\_ Keep the wholesome foods grown from my garden from going to waste. When I am unable to harvest in time, I will take measures to be sure they are donated to a local community member in need.

\_\_\_\_ If at any time I need advice or help, I will reach out to NHSC or one of the many community members for advice, help, and collaboration in carrying out gardening tasks.

\_\_\_\_ Acknowledge that the NHSC equipment at the gardens is available for my convenience. Furthermore, I will care for and return equipment to where I get it from promptly so that it will continue to be available for use by myself and others. If I fail to return equipment, I understand that I may not have access to equipment in the future.

\_\_\_\_\_ I affirm that all of my practices at the NHS College Gardens will uphold with this Pledge. If for any reason I cannot fulfil these practices I understand that my garden can and will be utilized to grow cover crops and build soil health for the future gardener.



Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 2020 Garden Data Collection Worksheet  NHS College |  | Names of Gardener(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Plot Number/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Dates Harvest Began & Ended:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Seed Source & Type:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Did you save any seeds for future use? \_\_\_\_\_Yes \_\_\_\_\_No |
|  | Was any foods donated to others? \_\_\_\_Yes \_\_\_\_No  If Yes, where was it donated?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- |
| Vegetables Grown | Date Planted | # of Plants | Date of first harvest | Date of last harvest | Comments – Please describe any circumstances that affected the garden during the growing season. |
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| Overall Gardening Experience: Please include any specific soil health practices you implemented in your garden. | Positive | Negative |
|  | Why? | Why? |

**Please write any additional comments on back.**

**Send to Jessica Uran, NHS College Local Foods Coordinator,**

**301 College Drive, P.O. Box 490, New Town, ND 58763. Or take a picture and text to 307-679-8687.  
Email:** [**juran@nhsc.edu**](mailto:juran@nhsc.edu)**. Any questions call: 307-679-8687**