Duluth Community Garden Program
2010 Garden Contract

This contract entitles me to use _____ (number of plots) Duluth Community Garden plot/s at _____ (site name).

- The Duluth Community Garden Program is not responsible for any personal injuries, accidents, thefts, or other damages.
- I will pay $_____ (according to the income guidelines below) per plot and $_____ for tilling.

Family Size	Income Level		
	Less than	Between	More than
1	14,700	14,701-24,500	24,501
2	19,800	19,801-33,000	33,001
3	24,900	24,901-41,500	41,501
4	30,000	30,001-75,000	75,001
5	35,100	35,101-87,750	87,751
Plot fee	$15 each	$35 each	$75 each
Tilling fee	$10	$15	$25

- Plot fees include membership in the Duluth Community Garden Program and access to resources such as garden tools, a resource library, food preservation equipment, etc. as described in the "DCGP Expectations" document.
- I will plant my garden by ***June 16, 2010***. I will keep my garden free of weeds. Gardens that aren't planted by June 16 or not maintained throughout the season will be reclaimed by the Garden Program and reassigned or planted with a cover crop to enrich the soil and inhibit the growth of weeds.
- I will clean up my garden by ***November 1, 2010*****.** Gardeners who do not clean their plots by November 1, will be assigned plots for the 2011 garden season after all waiting list gardeners. Clean up requirements will be described in a clean-up reminder notice to be sent in September.
- I will contribute at least 3 hours a year to program activities.
- I will use ***organic*** gardening methods to improve the quality of soil at my plot. I understand that **DCGP prohibits the use of chemical pesticides or synthetic fertilizers** which diminishes the health of the soil. Even the one-time use of pesticides can have detrimental affects on soil life for future gardeners.

I have carefully reviewed the "DCGP Expectations" document, understand what I can expect from the program, and agree to fulfill the expectations the program has of me to the best of my ability.

_____ _____ $_____
Signature Date Fee paid

Name (printed) _____

Street address _____

City/State/Zip _____

Phone number _____ Email _____