Cornell Cooperative Extension
Harvest New York

NEW YORK STATE | Department of Agriculture and Markets

2025 Community Garden Soil Testing Program

Applicant Information

Garden Name:

Garden Address:

Garden County:

Contact Name:

Organization and Title:

Email Address:

Phone Number:

Harvest NY Specialist:

Name & counties served

- ◯ (Karen Guzman – NYC – Queens, Bronx, & Staten Island)
- ◯ (Kwesi Joseph – NYC – Brooklyn & Manhattan)
- ◯ (Judson Reid – state-wide)
- ◯ (Mallory Hohl – WNY, Finger Lakes Region, state-wide)

Eligibility

The following statements about this garden are true (please check each box):

- ☐ I grow food in this garden.
- ☐ The food grown in this garden is shared with others.

Applicant Signature

By participating in the NYS Department of Agriculture and Markets Community Garden Soil Testing Program, I allow my contact information to also be shared with Cornell University and Cornell Cooperative Extension Harvest NY.

Signature:

Name (printed):

Date:

Email this completed PDF application to: Mallory Hohl at mdh286@cornell.edu with the subject: '2025 Community Gardens Soil Testing Program Application'.