



Administrative Office
40 Pine St. Manchester, NH 03103
PO Box 5040, Manchester, NH 03108
(603) 668-8010 | caphr.org

March 1, 2026

The Hillsborough County Community Garden supports Hillsborough County residents with available space to grow produce for personal use in Goffstown, NH. The 2026 application is now available. A minimum of 75% of all gardening space will be reserved for applicants of low-income free of charge. The remaining plots will be available to other interested community members for a donation of \$20.

Completion of the application does not guarantee assignment of a plot. Applications should be mailed to:

**Community Action Partnership
Hillsborough and Rockingham Counties
Attn: Community Gardens
PO Box 5040
Manchester, NH 03108**

All applications must be received by **April 13, 2026**. Applicants will be notified by April 30, 2026 whether or not they have been assigned a plot.

Once assigned a plot, applicants will be sent the Community Garden Guidelines and Agreement to sign and return. At this time, information and instruction will be provided, if paying the \$20 donation.

Please direct all questions to:

CommunityGardens@caphr.org or (603) 668-8010 ext. 7197

HILLSBOROUGH COUNTY COMMUNITY GARDENS -2026

Primary Applicant Name:

| | | |
|------------|-------------|-----------|
| | | |
| First Name | Middle Name | Last Name |

Current Address:

| | |
|----------------|-------|
| Street -Line 1 | |
| Street -Line 2 | |
| City | State |
| Zip Code | |

Mailing Address (If different from address above):

| | |
|----------------|-------|
| Street -Line 1 | |
| Street -Line 2 | |
| City | State |
| Zip Code | |

Phone Number:

Email:

| | |
|--|--|
| | |
|--|--|

Birthdate:

| |
|--|
| |
|--|

Gender:

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Female |
| <input type="checkbox"/> | Male |
| <input type="checkbox"/> | Wish to not disclose |

Ethnicity:

| | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Hispanic |
| <input type="checkbox"/> | Non-Hispanic |
| <input type="checkbox"/> | Unknown |
| <input type="checkbox"/> | Wish to not disclose |

Race:

| | |
|--------------------------|--|
| <input type="checkbox"/> | White |
| <input type="checkbox"/> | Black, African American or African |
| <input type="checkbox"/> | American Indian, Alaska Native or Indigenous |
| <input type="checkbox"/> | Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> | Unknown |
| <input type="checkbox"/> | Wish to not disclose |

Secondary Household Applicant?:

| | | |
|------------|-------------|-----------|
| | | |
| First Name | Middle Name | Last Name |

Total number of people in your household:

Income Guidelines:

| Household Size | 2026 200% HHS Poverty Guidelines |
|----------------|---|
| 1 | \$31,920 |
| 2 | \$43,280 |
| 3 | \$54,640 |
| 4 | \$66,000 |
| 5 | \$77,360 |
| 6 | \$88,720 |
| 7 | \$100,080 |
| 8 | \$111,440 |
| | Add \$11,360 for each additional person |

Do you meet the above Gross Income guidelines?:

| | | | |
|--------------------------|-----|--------------------------|----|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
|--------------------------|-----|--------------------------|----|

Applicants selected for a plot, who are above the income threshold, a donation of \$20 is requested. This donation can be submitted at the time of plot notification.

Mobility or accessibility concerns?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Check this box to receive a call regarding plot location preference |
|--------------------------|---|

Additional Notes:

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|----------------------|
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|----------------------|

MEMORANDUM OF UNDERSTANDING

It is understood that Community Action Partnership Hillsborough and Rockingham Counties will provide only 25' X 25' rototilled garden plot to those qualifying households. Water, seeds, hoses, rakes, hoes and other needed materials will be supplied by the applicant. It is also understood that produce grown on the plot provided by Community Action Partnership Hillsborough and Rockingham Counties will be used to increase nutritional foods available to my household and will not be sold for profit. It is agreed that failure to maintain the garden plot assigned to the applicant and/or purposeful infringement on the garden plot assigned to another will provide just cause for immediate revocation of all land-use privileges by Community Action Partnership Hillsborough and Rockingham Counties.

Completion of this application does not guarantee assignment of a plot. All applicants will be notified of either their plot assignment or placement on a waitlist. Applicants will be notified by April 30, 2026 of their application status. Once assigned a plot, applicants will be sent the Community Garden Guidelines and Agreement to sign and return, along with \$20 donation if applicable. No applicants will be able to commence gardening until all paperwork is complete.

Applicant's Signature

Date

Mail all applications to:

Community Action Partnership
Hillsborough and Rockingham Counties
Attn: Community Gardens
PO Box 5040
Manchester, NH 03108

Or e-mail electronic copy to:

CommunityGardens@caphr.org