



# SOUTHERN NEW HAMPSHIRE SERVICES

The Community Action Partnership serving Hillsborough and Rockingham Counties

Mailing Address: PO Box 5040, Manchester, NH 03108

40 Pine Street, Manchester, NH 03103  
Telephone: (603) 668-8010 Fax: (603) 645-6734  
www.SNHS.org

**Chief Executive Officer**  
Donnalee Lozeau, CCAP

**Chief Operating Officer**  
Ryan Clouthier

**Chief Fiscal Officer**  
James Chaisson

**Community Action  
Resource Centers in  
Hillsborough County:**

**Manchester (03103)**  
160 Silver Street  
Tel: (603) 647-4470

**Nashua (03060)**  
134 Allds Street  
Tel: (603) 889-3440

**\*\* Hillsborough (03244)**  
4 Church Street  
Tel: (603) 464-5835

**\*\* Milford (03055)**  
1 Columbus Avenue  
Tel: (603) 924-2243

**\*\* Peterborough (03458)**  
9 Vose Farm Road, Suite 115  
Tel: (603) 924-2243

**Community Action  
Resource Centers in  
Rockingham County:**

**Derry (03038)**  
9 Crystal Avenue, Suite 1  
Tel: (603) 965-3029

**Portsmouth (03801)**  
4 Cutts Street  
Tel: (603) 431-2911

**Raymond (03077)**  
55 Prescott Road  
Tel: (603) 895-2303

**Seabrook (03874)**  
146 Lafayette Road  
Tel: (603) 474-3507

**\*\* Salem (03079)**  
85 Stiles Road, Suite 103  
Tel: (603) 893-9172

**\*\* Field Office**

March 1, 2024

The Community Garden supports Hillsborough County residents with available space to grow produce in Goffstown, NH. The 2024 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:

**Southern New Hampshire Services, Inc.**  
**Attn: Community Gardens**  
**PO Box 5040**  
**Manchester, NH 03108**

All applications must be received by **April 15, 2024**. Applicants will be notified by April 30, 2024 whether or not you have been assigned a plot.

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

Please direct all questions to:

[CommunityGardens@snhs.org](mailto:CommunityGardens@snhs.org) or (603) 668-8010 ext. 6034

SOUTHERN NEW HAMPSHIRE SERVICES

P.O. BOX 5040

MANCHESTER, NH 03108

**HILLSBOROUGH COUNTY COMMUNITY GARDENS -2024**

**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:**

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**Birthdate:**

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**Gender:**

<input type="checkbox"/>	Female
<input type="checkbox"/>	Male
<input type="checkbox"/>	Non-Binary
<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	200% HHS Poverty Guidelines
1	\$30,120
2	\$40,880
3	\$51,640
4	\$62,400
5	\$73,160
6	\$83,920
7	\$94,680
8	\$105,440
	Add \$10,760 for each additional person

**Do you meet the above Gross Income guidelines?:**

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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*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
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**Additional Notes:**

**MEMORANDUM OF UNDERSTANDING**

It is understood that Southern New Hampshire Services, Inc., 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 Southern New Hampshire Services 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 Southern New Hampshire Services, Inc.

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, 2024 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:**

Southern New Hampshire Services, Inc.  
Attn: Community Gardens  
PO Box 5040  
Manchester, NH 03108

**Or e-mail electronic copy to:**

CommunityGardens@snhs.org