

## 2026 Community Gardens Soil Testing Program Application

### **Applicant Information**

Garden Name:

Garden Address & zip:

Garden County:

Contact Name:

Organization & Title:

Email Address:

Phone Number:

Harvest NY Specialist: *Name & region served – please select one*

([Karen Guzman](#) – NYC – Queens, Bronx, Staten Island, Long Island)

([Kwesi Joseph](#) – NYC – Brooklyn, Manhattan)

([Judson Reid](#) – Central NY)

([Savanna Shelnut](#) – Eastern NY)

([Mallory Hohl](#) – Western NY, Finger Lakes, state-wide coordinator\*)

### **Eligibility**

The following statement about this garden is true (*required* check box):

The food grown in this garden is shared with others.

### **Applicant Signature**

By participating in the 2026 Community Garden Soil Testing Program, I allow my contact information to be shared with NYS Department of Agriculture and Markets, Cornell University, and Cornell Cooperative Extension Harvest NY.

Signature (*required*):

Name (*printed*):

Date:

**Email this completed PDF application to: [Mallory Hohl](#) at [mdh286@cornell.edu](mailto:mdh286@cornell.edu) with the subject: ‘2026 Community Gardens Soil Testing Program Application’.**

**2026 Community Gardens Soil Testing Program**  
**Shipping Kit Request Form**

Pleased to continue in 2026, we are able to provide Shipping Kits to help gardeners send their soil sample for testing to the Cornell Soil Health Lab. Items in this Kit include: a prepaid shipping label and shipping box, sealable bags, label, and stickers.

**I would like to request a Shipping Kit. Please see my information provided below. Thank you!**

Garden Name:

Garden Address:

Contact Person Name:

Full Mailing Address for Shipping Kit (address, zip code):