

MASTER GARDENER VOLUNTEER PROJECT REQUEST FORM

Project name: _____

Location(s): _____

Address: _____

City: _____

Contact person at location: _____

Phone: _____ **Email:** _____

Description of project:

Start date: _____ **Duration:** _____

Proposed number of Master Gardeners: _____

Cost of project: _____ **Funding source:** _____

A project may be a one-time event, or preferably an ongoing project with Extension Master Gardener continuing education and maintenance. The sponsoring organization would be welcome to assist.

Other project details: _____

Proposed by: _____ **Date:** _____

<i>Committee Use Only</i>	
_____	_____
Projects Committee	Date
_____	_____
County Extension Agent	Date
Approval: <input type="checkbox"/> No <input type="checkbox"/> Yes MG Project Chair: _____	