

MASTER GARDENER PROJECT PROPOSAL

Project Name: _____

Location: _____

Address: _____

City Telephone

Person Responsible
for making decisions _____

Description of project:

Starting Date: _____ Duration: _____

Proposed Number of Master Gardeners: _____ Estimated hours: _____

Cost of Project: _____

Funding Source: _____

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

Other Particulars:

Proposed By Date

Hosting Organization Representative Date

Projects Committee Date

County Extension Agent Date

Membership Approval: _____ Yes _____ No Date: _____