MASTER GARDENER PROJECT EVALUATION

Project Name: ___________________________________________________________

Description:  ___________________________________________________________

Starting Date: ____________________________Duration: _______________________

Avg. attendance on workdays: _____Cost of Project to Master Gardeners: _________

Source of Funding: _______________________________________________________

Special Tools or Equipment Needed: _________________________________________

1. Please describe the joys of this year’s work on your project:

2. Describe any problems you had and possible solutions-
   With your host organization:

   With your committee members (did you have enough, too many, excessive no-
   shows):

3. Suggestions/recommendations for the next year:

4. Would you be willing to serve as chairman next year? _________

Our guidelines suggest project chairs rotate at least every two years. If you have already
served two years, whom would you recommend from your committee to serve as
chairman? Please list at least two.

___________________________________ ____________________________________

Other comments and recommendations. Use the back if needed.