

Project Request Form

Please complete the following questions & return this form to our office. The Master Gardener Project Review Committee will contact you after reviewing your request.

Proposed Project (feel free to attach grid paper to draw a diagram or enclose photo): _____

Contact Person & Phone #: _____ Position: _____

Form completed by (if different from contact person) _____ Date: _____

What type of services do you expect from the Master Gardeners? (circle what is needed & write in add'l)
Proposal Design &./or Job Cost Budget Education/Instruction Assistance w/Planting

Other: _____

What are your short term goals? _____

What are your long term goals? _____

When do you expect the project to begin? _____

When do you expect the project to be completed? _____

What funding is planned for this project? _____

How many people from your group are willing to help with this project? _____

What kind of long term maintenance plan do you have? _____

This section to be completed by MG Project Review Committee:

Comments: _____

Date: _____ Approved for Review: _____ Rejected: _____ Committee Initials: _____