



# Sandoval County Master Gardeners Project Summary



**Reporting Period: October 1, 201 to September 30, 201**

**Project Name:** \_\_\_\_\_

**Project Chair:** \_\_\_\_\_

**Project Co-chair(s):** \_\_\_\_\_

**Report Date:** \_\_\_\_\_ **Project Frequency: (Weekly, Monthly, Annually)** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Number of MG Volunteers:** \_\_\_\_\_ **Number of MG Volunteer Hours:** \_\_\_\_\_

**Number of other Volunteers:** \_\_\_\_\_ **Number of other Volunteer Hours:** \_\_\_\_\_

**Number of YOUTH Volunteers:** \_\_\_\_\_ **Number of YOUTH Volunteer Hours:** \_\_\_\_\_

**Number of Participants:** M \_\_\_\_\_ F \_\_\_\_\_ White \_\_\_\_\_ Hispanic \_\_\_\_\_ Am Indian \_\_\_\_\_ Asian \_\_\_\_\_ Black \_\_\_\_\_

**Project Description:**

\_\_\_\_\_  
\_\_\_\_\_

**Community Partners:** (list any other organizations that are involved in this project, church, school, non-profits, civic groups, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Project Activities:** (Describe what you did: classes, workshops, hands-on training, one-on-one consultations, demonstration garden or landscape, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**Project Highlights for the Year:** Describe or make a bullet list of what went well – Successes, Accomplishments, etc. Submit some photos to the agent if possible.

\_\_\_\_\_  
\_\_\_\_\_

**Recommendations for next year:**

\_\_\_\_\_  
\_\_\_\_\_