



Sandoval Extension Master Gardeners: Project Form

NOTE: Project Co-chairs must be familiar with SEMG Policies and are responsible for providing an annual report to the Extension Agent each year.

1. **Project Title:** (sub title if needed for clarification)

2. **Co-chairs**

Name: _____ Email: _____

Name: _____ Email: _____

If you do not have a co-chair please explain:

Project Description: A paragraph describing the project focus including beneficiaries and how the project will impact the community.

How does this project meet with SEMG's mission?

What are the main Educational/Training tasks that volunteer Master Gardeners will be required to perform?



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3. Volunteers:

- Describe what your volunteers do. How many volunteers do you have?
- Is your project only open to SCMG volunteers? Do you need more volunteers?
- Is your project open to public volunteers? If so, clearly state that.

Y / N

4. Meeting Times, Frequency and Location:

Give only typical meeting times, and address of the location at which you will meet

TIMES:

FREQUENCY:

LOCATION:

5. Budget:

Please fill out a budget request form if warranted and submit it with this form.

6. Other: (i.e. contact information for manager of a growers market, special requirements regards property or building).

Please submit completed form to the SEMG Outreach Committee Co-Chairs at:

Outreach@SandovalMasterGardeners.org

Outreach Committee Reviewed: _____ (Date)

Outreach Committee Recommendation: