



Sandoval Extension Master Gardeners Project Summary



Reporting Period: October 1, 20 to September 30, 2

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:

