Master Gardener Association APPLICATION for COMMUNITY PROJECT

Are you aware of any project in the community in which the services of Master Gardeners would be helpful?

1.	Project Name/Project Description:			
2.	Physical Location of Project:			
3.	Person(s) in Charge: Name	Phone	E-Mail Address	Other
	Note: If this is a school project provide the name and address of the school location and the name of a staff member of the school, principal's name, etc., who will be responsible for the on site project.			
4.	Estimated Start/Finish Dates			
5.	Who will manage the ongoing maintenance of this project upon completion?			
6.	Who should the Master Gardener Association contact regarding this request?			
	Name Phone		E-Mail or Mailing	Address
Please attach copies of your plan, project layout or other information that will be helpful in determining the feasibility of this project.				
that	Master Gardener Program and/or the Master Gardener it develops and/or provides for any said project. To hired contractors.			* *
	Master Gardener Program and/or The Master Gar nagement of funds for any specific project.	dener Association	is not responsible for the ra	nising of funds or the
	Master Gardeners are educators, not a free source icy.		agencies or community gro	ups, per the Program
Ple	ase read the above information carefully,	then sign and d	ate this document.	
Sig	nature:	Date:		.1