



PROJECT #: _____

MASTER GARDENER PROJECT INITIATION FORM

TYPE OF PROJECT: NEW; ON-GOING; SITE VISIT;
 SPEAKERS BUREAU; OTHER

PLEASE PRINT. Fill in as many blanks as apply to your project.

PERSON SUBMITTING PROJECT INITIATION FORM: _____

CONTACT INFORMATION: Phone #: _____; e-mail: _____

DATE PROJECT INITIATION FORM SUBMITTED TO EXTENSION OFFICE: _____

DATE PROJECT INITIATION FORM RECEIVED IN EXTENSION OFFICE: _____

ACTION TAKEN BY COUNTY EXTENSION HORTICULTURIST AND DATE: _____

APPROVED DENIED RETURNED WITH COMMENTS REFERRED TO BOARD

DATE RECEIVED BY DCMGA BOARD: _____

ACTION TAKEN BY DCMGA BOARD AND DATE: _____

APPROVED DENIED RETURNED WITH COMMENTS

BOARD COMMENTS:

1.0 PROJECT BASICS

1.1 NAME OF PROJECT _____

1.2 ADDRESS OF PROJECT _____

1.3 SHORT DESCRIPTION OF PROJECT _____

1.4 WHAT ARE THE ROLES AND RESPONSIBILITIES OF MASTER GARDENERS IN THIS PROJECT? _____

1.5 WHO IS THE PRIMARY PERSON OR ORGANIZATION SERVED THROUGH THIS PROJECT? _____

CONTACT PERSON'S NAME: _____ PHONE #: _____

E-MAIL: _____

1.6 WHAT ARE THEIR ROLES AND RESPONSIBILITIES TOWARD THE SUCCESS OF THIS PROJECT? _____

1.7 WHEN ARE THE MASTER GARDENER COMMITMENTS TO THIS PROJECT EXPECTED TO BEGIN (MONTH/YEAR)? _____

1.8 WHEN ARE THE MASTER GARDENER COMMITMENTS TO THIS PROJECT EXPECTED TO BE COMPLETED (MONTH/YEAR)? _____

2.0 PROJECT MANAGER

2.1 PROJECT MANAGER'S NAME: _____

2.2 PROJECT MANAGER'S PHONE NUMBER AND E-MAIL: _____

2.3 ASSISTANT PROJECT MANAGER NAME AND E-MAIL: _____

(If you do not know at this time who the Assistant Project Manager will be, leave blank. Please designate someone within the first three months of a continuing project.)

3.0 PROJECT DETAILS

3.1 WHAT ARE THE EDUCATIONAL BENEFITS TO THE COMMUNITY? _____

3.2 WHICH GROUPS, ORGANIZATIONS, COMMUNITIES WILL BENEFIT FROM THE PROJECT? _____

3.3 NAME OTHER ORGANIZATIONS INVOLVED IN THE PROJECT AND EXPLAIN HOW THEY WILL INTERACT. HOW MANY VOLUNTEERS WILL THEY SUPPLY? _____

3.4 WHAT RESOURCES (PLANT MATERIALS, MONEY, ETC.) WILL YOU NEED AND HOW WILL YOU GET THEM? _____

4.0 MASTER GARDENER VOLUNTEERS

4.1 HOW MANY MASTER GARDENERS DO YOU ESTIMATE WILL BE NEEDED FOR THE PROJECT? _____

4.1.1 WHEN WILL THEY BE NEEDED (MONTHS)? _____

4.1.2 HOW MANY WORK DAYS WILL BE PLANNED FOR THIS PROJECT IN THE CURRENT CALENDAR YEAR? _____

4.1.3 HOW MANY TOTAL MASTER GARDENER SERVICE HOURS WILL BE REQUIRED FOR THIS PROJECT IN THE CURRENT CALENDAR YEAR? _____

4.1.4 IS THIS EXPECTED TO BE A MULTI-YEAR COMMITMENT BY MASTER GARDENERS? CIRCLE ONE: YES NO

4.2 WHAT WILL MASTERS GARDENERS NEED TO DO _____

4.3 WHAT WILL BE THE EDUCATIONAL BENEFIT TO MASTER GARDENERS?

5.0 WILL THIS PROJECT CONTINUE AFTER THE MASTER GARDENER INVOLVEMENT ENDS? CIRCLE ONE: YES NO

IF YES, HOW WILL IT BE SUSTAINED AND TO WHAT PURPOSE?

6.0 EVALUATION

6.1 HOW WILL YOU OBTAIN FEEDBACK FROM YOUR TARGET AUDIENCE, COMMUNITY PARTNERS, SPONSORING ORGANIZATION, AND VOLUNTEER TEAM MEMBERS?
