

DATE SUBMITTED: \_\_\_\_\_

PROJECT #: \_\_\_\_\_

## MASTER GARDENER PROJECT CONTINUATION FORM

1. NAME OF PROJECT: \_\_\_\_\_

2. ADDRESS OF PROJECT: \_\_\_\_\_

3. SHORT DESCRIPTION OF PROJECT: \_\_\_\_\_

\_\_\_\_\_

4. PROJECT MANAGER: \_\_\_\_\_

5. ASSISTANT PROJECT MANAGER: \_\_\_\_\_

6. HOW HAS THIS PROJECT ACHIEVED ITS EDUCATIONAL GOALS? \_\_\_\_\_

\_\_\_\_\_

7. HOW HAVE THE PROJECT GOALS CHANGED DURING THE PAST YEAR? \_\_\_\_\_

\_\_\_\_\_

8. HAS THE COMMITMENT OF THE COMMUNITY PARTNERS INVOLVED IN THE PROJECT CHANGED? \_\_\_\_\_. IF SO, HOW? \_\_\_\_\_

\_\_\_\_\_

9. ARE THERE PROBLEMS CONNECTED TO THE CONTINUATION OF THE PROJECT?

\_\_\_\_\_

10. WHAT RESOURCES (MONEY/VOLUNTEERS) DO YOU ANTICIPATE NEEDING DURING COMING YEAR? \_\_\_\_\_

11. HAS THE PROJECT COMPLETION DATE BEEN REVISED? \_\_\_\_\_. IF SO, WHEN DO YOU ANTICIPATE MASTER GARDENER INVOLVEMENT IN THE PROJECT WILL BE COMPLETED? \_\_\_\_\_

13. WHAT CAN DCMGA DO TO HELP YOU MAKE YOUR PROJECT MORE SUCCESSFUL IN THE COMING YEAR? \_\_\_\_\_