



PROJECT #: _____

MASTER GARDENER PROJECT INITIATION FORM (For Use with Short-term Projects)

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

COMMENTS: _____

RECEIVED BY DCMGA BOARD: _____

ACTION TAKEN BY DCMGA BOARD AND DATE: _____

PROJECT NAME: _____

PROJECT ADDRESS: _____

SHORT DESCRIPTION OF PROJECT: _____

COMMUNITY PARTNER: _____

CONTACT PERSON: _____ PHONE #: _____

ESTIMATED START DATE: _____ COMPLETION DATE: _____

NUMBER OF MG VOLUNTEERS NEEDED: _____

