

Project Initiation Form

DCMGA

The Denton County Master Gardener Association is a volunteer program under the guidance of Texas A&M AgriLife Extension Service. As Master Gardeners, our mission is providing research-based information to residents of Denton County that facilitates learning safe, effective and sustainable horticultural practices.

Check which type of project being submitted:

Committee ____ Special Interest Group ____ Event ____ Administration ____

Person submitting project: _____ Date ____/____/____

Contact information: Phone # _____

Email _____

1.0 Project Basics

1.1 Name of Project: _____

1.2 Address of Project: _____

1.3 Description of Project: _____

1.4 What is the role of DCMGA in this Project? _____

1.5 Who is the Community Partner (person/s or organization) served through this project and their contact information? _____

1.6 What is its (their) roles/responsibilities toward the success of this project? _____

1.7 Will this be a multi-year project? Yes __ No __

1.8 When is DCMGA's commitment to this project expected to begin? (month/year) ____/____

The anticipated end date? (month/year) ____/____

2.0 Project Details

2.1 What are the educational goals? _____

2.2 Will any other group, organization, or community benefit from this project? Yes __ No __

2.3 Will this project continue after DCMGA's involvement ends? Yes __ No __

If yes, how will it be sustained and to what purpose? _____

3.0 DCMGA

3.1 Project Manager Name: _____
Phone # _____
Email _____

3.2 Assistant Project Manager Name: _____
Phone # _____
Email _____

3.3 How many Master Gardeners do you estimate will be needed for the project? _____

3.4 How many workdays will be planned for this project in the current calendar year? _____

3.5 How many Master Gardener service hours do you estimate will be required for this project in the current calendar year? _____

3.6 What will be the educational benefit to DCMGA members? _____

3.7 Will there be a budget requirement for this project? Yes ___ No ___
If yes, what is the anticipated amount? _____
How will those funds be used? _____

3.8 Do you anticipate any income from your project? Yes ___ No ___
If yes, for each source of anticipated income, please list the source and amount. _____

4.0 Evaluation

4.1 How will feedback be obtained from the Community Partner/volunteer team members about the project goals? _____

5.0 Any additional pertinent information? _____

Thank you! Please submit to the DCMGA Project Administrator.