



AAMGA Project Proposal Request

PROJECT LOCATION

NAME:

ADDRESS:

PHONE:

E-MAIL:

PROJECT CONTACT/SPONSOR

NAME:

ADDRESS:

PHONE:

E-MAIL:

PURPOSE OF PROJECT

DETAILS OF THE PROJECT NEEDS

WHAT EXACT ROLL WOULD THE MASTER GARDENERS HAVE?

WHAT IS THE BUDGET FOR THE PROJECT OR THE AMOUNT OF GRANT REQUESTS?

TO BE APPROVED BY PROJECT COORDINATOR/EXECUTIVE BOARD/MEMBERSHIP

WHEN WOULD THE PROJECT BEGIN AND END?:

WHO COMPLETED THIS FORM?:

THIS PAGE TO BE COMPLETED BY AAMGA PROJECT COORDINATOR

AAMGA PROJECT COORDINATOR RECEIVED REQUEST ON:

IF PROJECT APPROVED, IT WILL BE MANAGED BY THE AAMGA WHO COMPLETED THE FORM

DATES:

AAMGA PROJECT MANAGER:

DATES PROJECT APPROVED AND ACCEPTED:

DATES PROJECT NOT APPROVED OR ACCEPTED:

Note: funding is through this calendar year; a new form needs to be submitted for each fiscal year.

NOTES