



# 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:**

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

**DATES:**

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**AAMGA PROJECT MANAGER:**

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**DATES PROJECT APPROVED AND ACCEPTED:**

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**DATES PROJECT NOT APPROVED OR ACCEPTED:**

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

**NOTES**