

III. ADVANCED TRAINING MODULES COMPLETED

Training		Date	
1.			SUBJECT
2.			SUBJECT
3.			SUBJECT
4.			ELECTIVE
5.			ELECTIVE
6.			REQUIRED

IV. Project Completion (After project is complete, fill in the following section and have County Extension Agent or Master Gardener coordinator sign and date indicating that the project is complete.)

1. Project Title: _____
2. Activity Begin Date: _____ Activity End Date: _____
3. Give a brief description of how the project was completed.

4. List any presentations that were part of the project

	Presentation Title	Location	# Participants	Contacts Reported (required)
A				YES NO
B				YES NO
C				YES NO
D				YES NO
E				YES NO

6. Total number of participants: _____
7. Hours of instruction per participant (formal teaching time): _____
8. Number of sessions or classes taught: _____
9. Total length of program (teaching & non-teaching time): _____
10. Total number of additional adult volunteers participating in activity: _____
11. Total number of additional volunteer hours worked (all volunteer hours combined): _____
11. In-Kind support (\$ value, if known): _____
12. Funds Donated (\$ value, if any): _____
13. How did this project benefit Extension programming? What is the overall outcome of the project? (attach brief explanation)

This certifies that the applicant is an active MGEV, meeting all training and project requirements within the allowed timeframe, and has earned the Gold Star Recognition.

_____ Date _____

CEC, Agent, or Local MG Coordinator

Date

Mail copy of completed to:

State Master Gardener
Griffin, GA 30223-1731

UGA Griffin Campus , 1109 Experiment St,

Updated