SHEBOYGAN COUNTY MASTER GARDENER VOLUNTEER NEW PROJECT REQUEST FORM

Please complete both sides of form.

Return this form to the UW-Extension office by December 31, for project consideration in the upcoming growing season. Project requests submitted after December 31, will not be considered by the MG Project Committee until the next year.

Information about your organization			
Organization:			_
Address:			-
City:	_ State:	Zip:	-
Phone:	_ Fax: _		-
Email:			_
Contact Person/Project Leader:	(All valvate are will deal d	firectly with this person)**	-
Project Title:			_
Project Information/Description			
Mission or Goal of the Project:			
What educational value does or will this pro What is the opportunity for Sheboygan Cou		ners to educate the public?	
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What is the timeline of the project? How ma	ny days, weeks, e	etc. will it run? Is it short-term or long	term

^{**} Projects will not be accepted unless there is a project leader from the organization directing the activity.

** Projects that are accepted will be shared with MGVs for self-selection.

Please describe the role you envision for Sheboygan County Master Gardeners in your project:		
1.	Please list other volunteers (organizations or groups) who will be assisting with the project.	
2.	List of individuals responsible for maintenance and care of plantings after plant installation.	
3.	Outline your annual plan for maintaining this project.	
4.	Describe how your project will benefit the community.	
Some	things you should know:	
•	The teaching/education element of the volunteer service is vital to the learning process. UW-Extension Master Gardener volunteers are not available to pull weeds or plant flowers, unless they are involved in teaching others how to do these tasks. We do not provide landscape maintenance workers, but will assist you in educating your organizations members. We do not provide planting materials, horticultural supplies, or funding for community projects. We cannot recommend specific commercial companies or brand names.	
Signat	ure of Project Representative: Date:	
Send of	completed request form to:	
5 Univ	ygan County Master Gardener Program ersity Drive ygan, WI 53081	

or call: 920.459.5904

or email to: tammy.zorn@sheboygancounty.com