

64 Ferndale-Loomis Rd

Liberty, NY 12754

(845) 292-6180

**Project Request Form**

Please complete the following questions & return this form to our office. The Master Gardener Project Review Committee will contact you after reviewing your request.

Proposed Project (feel free to attach grid paper to draw a diagram or enclose photo): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Person & Phone #: \_\_\_\_\_ Position: \_\_\_\_\_

Form completed by (if different from contact person) \_\_\_\_\_ Date: \_\_\_\_\_

What type of services do you expect from the Master Gardeners? (circle what is needed & write in add'l)

Proposal      Design &./or Job Cost      Budget      Education/Instruction      Assistance w/Planting

Other: \_\_\_\_\_

What are your short term goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your long term goals? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When do you expect the project to begin? \_\_\_\_\_

When do you expect the project to be completed? \_\_\_\_\_

What funding is planned for this project? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How many people from your group are willing to help with this project? \_\_\_\_\_

What kind of long term maintenance plan do you have? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*This section to be completed by MG Project Review Committee:*

Comments: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_ Approved for Review: \_\_\_\_\_ Rejected: \_\_\_\_\_ Committee Initials: \_\_\_\_\_