

SANCTIONED PROJECT PROPOSAL REQUEST
Washington County Master Gardeners

Requesting Agency Name _____
Address _____
Phone Number _____
Contact Person Name _____

Title of Proposed Project _____
Proposed Project meets Sanctioned Project Criteria Yes _____ No _____
Description of Project _____

Is this a one-time project? Yes _____ Is this a continuing project? Yes _____
Approximate date(s) for volunteers to work _____
Number of volunteers needed _____
Names of volunteers committed to project _____

Requesting agency agrees to provide adequate watering, trimming, and mowing.
How will this project be funded? _____

Submitted by: Name _____ Address _____
Phone _____ E-mail _____

..... *Office use only*

Project Proposal Submission Date _____
WCMG Chairperson Acceptance Date _____
WCMG Executive Committee Acceptance Date _____
County Extension Agent Approval Date _____

If not accepted, please state reason(s) _____

If accepted, fill out the **PROJECT AGREEMENT FORM** with the Site Manager and return to the Project Review Committee through the Cooperative Extension Office.

Submit your request to: U of A Cooperative Extension Office
ATTN: WCMG Project Proposal Review Committee
2536 N. McConnell, Fayetteville, AR 72704
(Or call 479-444-1755 for information)