



## **SANCTIONED PROJECT ANNUAL REPORT**Washington County Master Gardeners

Project Name: (and possible pictures)		
Chairperson(s):		
Number of Volunteers: Master Gardene	ers	Trainees
Work Schedule:		
Brief description and history of the project	ct:	
Challenges:		
Accomplishments this year: (great place for pictures)		
Educational impact on community:		
List Financial Support:		
Special Events and Dates:		
Master Gardener you would recognize for	r this project th	nis year and why. (Optional)
Master Gardener Trainee you would reco	gnize for this p	project this year and why. (Optional)
Should This Project Continue?	Yes	No
Possible Goals for Next Year:		
Proposed Project Leaders for Next Year:		
Completed by		Date
Date Submitted:		_
Due by <b>November 15</b> to Colin Mac(jwgabel@cox.net) or Nancy Sloan (ncslo	•	y@uada.edu) with a copy to Regina Ga ).

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