

Northwest Louisiana Master Gardeners Project Proposal and Application Form

Organization Name: _____

Contact Name: _____

Telephone: _____ Email: _____

Address: _____

Date submitted: _____

Location of proposed project: _____

Type of service(s) involved (circle all that apply):

- | | | |
|------------------------|-----------------------|----------------|
| a. educational program | d. garden design | g. maintenance |
| b. plant health clinic | e. plant installation | h. other |
| c. school garden | f. renovation | |

Based on the service(s) involved, describe in detail your project and the specific ways our volunteers can help.

How does this project benefit the LSU Ag Center and the NWLAMG's? _____

Proposed starting date: _____

Estimated number of individuals to benefit from this project: _____

Estimated budget for this project: _____

Party or parties responsible for purchase of materials: _____

Other volunteers (groups or organizations) assisting on this project: _____

With what portion of this project will other volunteers be assisting? _____

Party or parties responsible for maintenance and care of plantings following installation (if applicable):

Please describe how your project will benefit the community and tell us why you chose the Master Gardeners to assist you.

Master Gardener Contact Person: _____

Please attach a copy of your organization's mission statement, if available, or provide a brief description of your group's purpose.

Return To: Northwest Louisiana Master Gardeners
3101 ½ Fairfield
Shreveport, LA 71104

(Source: Alabama Master Gardeners)