

New OCMGA Project Form

Date of Request _____

Project Title: _____

Location of Project: _____

Your name as MG Contact: _____

Email of MG Contact: _____

Name of Responsible Organization: _____

(If the name of the location is different from the organization overseeing the site, please name the organization. For example, Green Power Garden is a location operated by Hope Center. Therefore, you would request that Hope Center be entered into the ORS as an organization.)

Organization Address: _____

Org. Contact Person and Title: _____

Org. Contact Phone number: _____

Org. Contact e-mail: _____

Org. Website: _____

Provide a brief description of the project: _____

Describe how the project involves the transfer of UW-Extension based horticulture knowledge or skills to others, aids in the beautification of Outagamie County, or aids in increasing food security for Outagamie County: _____

Describe how other MGVs can help with this project: _____

As an OCMGA Project Contact for this project, I agree to the following:

____ I agree to submit a paragraph reporting activities at the conclusion of the project or season.

____ I will forward action photos of myself and other Master Gardeners involved in the project and include before and after pictures. These should be sent to the Project Coordinator, Karen Peckham karen-home@new.rr.com