



# MASTER GARDENER EDUCATIONAL PROJECT APPROVAL REQUEST

MG(s) Requesting Project Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Project Name/Description: (Include explanation of the project, needs to be addressed, time line)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will the project benefit Aransas/San Patricio County residents? \_\_\_\_\_

\_\_\_\_\_

Project Location/Description: \_\_\_\_\_

Funding Required: Yes \_\_\_\_\_ Est. Amt. \$ \_\_\_\_\_ (Requires Board approval, if not in budget) No \_\_\_\_\_

Explain funding needs and attach a proposed budget: \_\_\_\_\_

Begin date: \_\_\_\_\_ End date: \_\_\_\_\_ Ongoing Project: \_\_\_\_\_

MG participation required: Yes \_\_\_\_\_ Anticipated # \_\_\_\_\_ Hours # \_\_\_\_\_ No \_\_\_\_\_

What method will be used to evaluate this project? \_\_\_\_\_

List any equipment resources needed: \_\_\_\_\_

Proposed Leader: \_\_\_\_\_

Any Additional Information: \_\_\_\_\_

\_\_\_\_\_

**\*\*\*\*To Be Completed by MG Coordinator\*\*\*\***

Reason: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\*\*Board Approval\*\*\*\***

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

Reason: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_