



General Information

1. Project name:
2. Master Gardener submitting request
 - Phone: _____ Email: _____
3. Name of Project Coordinator (if different than person submitting request):
 - Phone: _____ Email: _____
4. Name of Partner Organization (if applicable)
 - Partner name and contact information:
 - Location of project (address, including county):
5. Date(s) and Time(s) of activity:

Project Description

1. Which of our program priorities does this proposed project support (select all that apply):

<input type="checkbox"/> Sustainable Gardening Skills	<input type="checkbox"/> Soil Health
<input type="checkbox"/> Plant and Insect Identification	<input type="checkbox"/> Adaptive / Accessible Gardening
<input type="checkbox"/> Native Species	<input type="checkbox"/> Local Food
<input type="checkbox"/> Cultural Connection	<input type="checkbox"/> Climate Change

2. Describe this project, in detail, including how it enhances and supports the Jackson County Extension Master Gardener Program.

3. Who is the target audience for this project?

4. Select the specific programmatic values that are promoted via this project, and describe how the proposed project supports the selected value(s).

<input type="checkbox"/> Science and/or local knowledge to inform our community engagement and outreach	<input type="checkbox"/> Environmental stewardship and sustainability
<input type="checkbox"/> Local needs drive our work	<input type="checkbox"/> Community collaboration and partnership
<input type="checkbox"/> Inclusivity and Equity	

5. What is / are the specific goal(s) of this project?

6. How will it be determined if goals are met Results? Behavior change? Impact? Income?

Programmatic Resources and OSU Branding

1. How many Master Gardener volunteers are needed for this project? How will volunteers be recruited for this event/project?

2. Names of participating MGs (if known):

3. What OSU Extension Master Gardener programmatic materials or resources are needed? Please make sure that the program office has sufficient time to prepare resources, if needed. If materials will be on loan, please make sure to note the name and contact information of the Master Gardener responsible for picking up and returning items, as well as expected dates for pick up and return.

4. If OSU Extension Master Gardener resources will not be used, what OSU information will be on-site? How will the program or project be identified as being supported by OSU? (e.g. MG training information, plant clinic numbers, magnets, other swag).

5. Describe how this event/activity will be promoted including OSU and MG logo use. (Attach drafts of flyers, advertisements, handouts or banners for pre-approval)

6. What are the expected expense items for the project /event?

7. How will this project/event be funded?

8. Is there a fee charged, donations solicited or money raised from this project/event? Where any funds raised go? To OSU? To the MG Association chapter? Who will be responsible for turning in money or making the deposit to the appropriate person/account?

Please Read and Sign

- I agree that approval must be given from the Program Office in writing before the event or project is advertised, promoted, or recruited for as an OSU Program 'accepted' project. Chapter 'specific' projects or events without this approval will not qualify as an MG Program volunteer opportunity.
- If this project is approved, notify the Program office at least two weeks before the event and make arrangements to pick up and return a resource box. This box will include MG class recruitment information and office phone numbers.
- Project approval is for one year. If project is an annual event, re-application is necessary.
- Keep records of the event (or project) contact person(s), number of people attending (or impacted), and names of volunteers participating. After the event (project) coordinator must submit an information form to [Program Office by date]
- Even if all criteria are met, the project might not get approval due to limits of current resources.
- MGs must agree to refrain from expressing personal opinions, political, or religious views. Master Gardeners present or volunteering at this event must understand that they are representing Oregon State University, OSU Extension Service and the Master Gardener Program™ views exclusively.
- I agree that there will not be any promotion or recruitment for this event/project until given Program approval.
- I understand that if the entire MG Program criterion is not met, the project/event will not be considered as a Jackson County MG volunteer activity and will not qualify for volunteer hours. The decision for approval comes from the Program Office in writing.
- Please complete, sign and return agreement form to: Erika Szonntag, Program Coordinator, via email to (erika.szonntag@oregonstate.edu)

Signature:

Date:

Print name:

Please keep a copy of this form for your records

OSU Extension Master Gardener Program Office Determination:

- Approved
- Not Approved

Name and Signature of OSU Extension Master Gardener Program Coordinator or Representative

Date:
