



UNIT 8
MASTER GARDENER and
MASTER NATURALIST
PROJECT REQUEST FORM

DATE APPROVED _____

Request Date: _____ Requested by: _____

MG/MN Project Leader: _____ Partner(s) (if applicable): _____

Other Volunteers and/or U of I Extension Staff/Programs involved:

Project Location: _____

Estimated Cost of Project: _____

Source of funds/needed items: _____

Description of Project:

Date/Duration of Project:

Describe the items, equipment, materials, etc. needed for the project.

How is this project educational and/or beneficial for the community and therefore furthers the Master Gardener or Master Naturalist mission and objectives?

Will Master Gardener signage be allowed: Yes _____ No _____
Permanent Signage _____ Temporary Signage _____

All projects will be evaluated on an annual basis.