

# Community Education/Gardening Project Request



Please review the following information and complete the application for consideration of your request.

Our primary mission is education of the public concerning horticultural issues facing citizen of Central Wisconsin. In fulfilling our mission, we sponsor various events as well as plan and maintain several demonstrations gardens around the county. These events and projects use much of the time and energy of our members, however, on occasion, the organization or individual members may take on one-time or short-term project assistance for groups needing ideas or advice. We will solicit for volunteers, but as our membership is small, participation is not guaranteed. Garden projects must be in public places. Private and commercial properties will not be considered.

**Name of requesting organization:** \_\_\_\_\_

**Contact person:** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

## **PART A: FOR A SPEAKER OR EDUCATIONAL PROGRAM ONLY**

Location: \_\_\_\_\_

Intended Audience \_\_\_\_\_

Date, time, Length of Program \_\_\_\_\_

Subject Matter \_\_\_\_\_

Audio/Visual Equipment Available, if any \_\_\_\_\_

Other Information \_\_\_\_\_

\_\_\_\_\_

## **PART B: FOR HORTICULTURAL PROJECT ASSISTANCE ONLY**

Location of Project: \_\_\_\_\_

Educational Goals for this Project: \_\_\_\_\_

\_\_\_\_\_

Briefly describe the Project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PROJECT PLANNING

It helps us to know a little about your plans so we can give realistic ideas and feedback.

**Funding:** What is your anticipated budget? Who will provide the funding? How will ongoing costs be funded? Is funding certain or tentative?

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**Manpower:** How many people from your organization will be involved in this project? How many hours will be required to complete the project? How much time per week will be required for ongoing upkeep? Who will maintain the project in the future if it ongoing?

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**Timing:**

Anticipated Start Date\_\_\_\_\_Anticipated Completion Date\_\_\_\_\_

**Master Gardener Assistance Requested**

How are you expecting MGs to help you with this project?

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How long do you anticipate needing our assistance?\_\_\_\_\_

Upon receipt of this request, someone from WCMGA will contact you for more information. If approved, it will be presented to the membership to see if someone is willing to take on the request. The Master Gardener/s who are interested will then contact you to set up a meeting to discuss your program/project. If no one can be recruited, we will let you know also.

Submit your form to: Wood County Master Gardener Association  
UW Extension Office  
P.O.Box 8095  
Wisconsin Rapids, Wi 54495

Or email to: [woodcountymga@gmail.com](mailto:woodcountymga@gmail.com)

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**For office use only**

Accepted: Yes:\_\_\_No\_\_\_Assigned to\_\_\_\_\_Date\_\_\_\_\_Client Notified\_\_\_\_\_  
BOD or Community Ed Chair notified\_\_\_\_\_Date\_\_\_\_\_  
Copy to Treasurer, if needed, sent by\_\_\_\_\_Date\_\_\_\_\_