



VCE Master Gardener Project Proposal and Authorization Form

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|-------------------------|--|
| Project Name: | |
| Purpose: | |
| Value to the Community: | |

EMG Activity Report Group (place a check (✓) next to all that apply):

| | |
|--------------------------|---|
| <input type="checkbox"/> | <i>Environmental Stewardship</i> – Educational programs that work to increase awareness and knowledge of responsible landscape management and natural resource conservation. |
| <input type="checkbox"/> | <i>Youth & Horticulture</i> - Educational projects where the target audience is pre-k through high school |
| <input type="checkbox"/> | <i>Economic Impact of Horticulture</i> – Educational programs that focus on horticulture’s importance and impact on daily life. |
| <input type="checkbox"/> | <i>Food Security</i> – Educational programs that aim to increase awareness of the benefits home food production, food systems, and locally grown foods. |
| <input type="checkbox"/> | <i>Human Health</i> - (Quality of Life) Educational projects involving horticultural therapy, working with differently abled clients, and working with clients in assisted living and nursing home facilities. Likewise, any projects dealing with working safely in the garden, staying healthy through garden activities, and taking measures to avoid trauma or harmful exposures while gardening. |
| <input type="checkbox"/> | <i>General Outreach & Education</i> - Public programming that may not fall under other report groups. |
| <input type="checkbox"/> | <i>Volunteer Management</i> – Volunteer development, intern training, or other management roles. |
| <input type="checkbox"/> | <i>Continuing Education</i> – Continuing education for Master Gardeners |

Are Minors Involved? Yes No **Are Seniors Involved?** Yes No

Project Lead: _____ **Project Co-Lead:** _____

of MGs Required: _____ **Estimated # Volunteer Hours Involved:** _____

Project Location: _____

Project Date and Duration: _____

Person or Organization Requesting MG Services : (If a private group, VCE requires a signed Equal Access Agreement (EAA) on file with the UAA and attached **before** the event.)

| | | | | |
|---------------------|----------------|----------------|--------------|--------------|
| | | | | |
| Organization | Contact | Address | Email | Phone |

Private Group? Yes No

If yes, date EAA filed: _____

Plan to Implement Project (please include cost information, use additional sheets if necessary):

Plan to evaluate and report project:

Plan to bring project to a close:

What Risk Management steps have been taken? (check all that apply)

- All Master Gardeners have had Risk Management training.
- First Aid will be available.
- Location Safety (Risk Assessment, ADA):
- Equipment Safety: (specify)

Other Risk Management Plans?

Submitted by:

Date:

Approved by:

Date:

VCE Agent/MG Coordinator

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