



VCE Master Gardener Project Proposal and Authorization Form

Project Name:	
Purpose:	
Value to the Community:	

VCE Educational Program Area (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>Economic and Social Impacts 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>Volunteer Management</i> – Volunteer development, training, or other management roles.
<input type="checkbox"/>	<i>Contributed</i> – Non-educational programming.

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) _____

Who has Duty of Care? _____

Other Risk Management Plans? _____

Submitted by: _____

Date: _____

Approved by: _____

Date: _____

VCE Agent/MG Coordinator

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