

**LOWCOUNTRY MASTER GARDENER ASSOCIATION
PROJECT PROPOSAL APPLICATION**

Date Application submitted: _____ New Proposal ____ Renewal request ____

Submit completed form to:

Lowcountry Master Gardener Association

Projects Coordinator

P.O. Box 189

Beaufort, Sc 29901-0189

Phone: 843-470-3655 ext. 117 Email: lrose@clemson.edu

1. REVIEW OF THIS APPLICATION INCLUDES A SITE REVIEW; PLEASE INDICATE CONTACT PERSONS, DATE AND TIME AVAILABLE FOR A SITE REVIEW.

CONTACT: _____ PHONE: _____ EMAIL: _____

ADDRESS:

2. PROJECT TITLE AND LOCATION:

3. ESTIMATED TIME FRAME (in days): _____ IF LONG TERM (e.g.: weeks, annual): _____

4. SUGGESTED DATE[S]: _____ TIME[S] _____

5. BRIEF DESCRIPTION OF PROJECT: *(Please attach any additional information.)*:

6. WHAT EQUIPMENT OR TOOLS ARE AVAILABLE FOR THIS PROJECT?

7. PLEASE LIST AND DESCRIBE THE INVOLVEMENT OF ANY OTHER ORGANIZATIONS:

8. DESCRIBE THE INVOLVEMENT OF MINORS (if applicable):

9. FROM WHERE WILL FUNDS TO SUPPORT THE PROJECT ORIGINATE ?

10. HOW WILL THE PROJECT BE MAINTAINED AFTER IMPLEMENTATION?