

Master Gardener Volunteer Project Request CUCE Erie County

Project Title _____ Date submitted _____

Group / Person making request _____

Project goal(s) _____

Description _____

Role of the Master Gardener _____

Who is responsible for maintenance? _____

Time Frame

Short term Begin _____
End _____

Long term Begin _____
Ongoing _____

Community group contact person & phone _____

Address / phone _____

MG sponsor _____

MG Phone _____ email _____

MG President signature _____ Date approved _____

Send Completed Request form to: **Vicki Bruning, Chairperson of Projects Committee**
5390 Armor Duells Rd., Orchard Park, NY 14127