

# St. Clair County Master Gardener Volunteer Project Proposal

Please complete the following before submitting hours on this project

Group Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Ext: \_\_\_\_\_

Email: \_\_\_\_\_

Describe the project: \_\_\_\_\_

\_\_\_\_\_

Are people being educated in areas of gardening by this service? \_\_\_\_\_

How? \_\_\_\_\_

\_\_\_\_\_

Submitted by Master Gardener:

Name: \_\_\_\_\_, Phone: \_\_\_\_\_

Email: \_\_\_\_\_

This form must be returned to the MSUE Master Gardener Coordinator Office.  
The Master Gardener listed above will be notified of project acceptance.

St. Clair County MSU Extension  
200 Grand River Avenue, Suite 102  
Port Huron, MI 48060

(810) 989-6935