

BAXTER COUNTY



**BAXTER COUNTY MASTER GARDENER
PROJECT PROPOSAL**

PROJECTNAME _____ CONTACT PERSON _____

ADDRESS/LOCATION _____ PHONE _____

DESCRIPTION _____

START DATE _____ DURATION _____ COST STIMATE _____ FUNDING SOURCE _____

OF BCMG'SREQ'D _____ WATER AVAILABLE _____ WATERING RESPONSIBILITY _____

MAINTENANCE OBLIGATION AFTER COMPLETION _____

BCMG PROJECT CHAIR _____ DATE _____
Signature

LOCATION REPRESENTATIVE _____ DATE _____
Signature

PROPOSED BY _____ DATE _____
Signature

PROJ.COMM. APPROVAL _____ DENIAL _____ COMM. CHAIR _____ DATE _____
Signature

BC AGENT—APPROVAL _____ DENIAL _____ SIGNATURE _____ DATE _____
Agent

MEMBERSHIP APPROVAL-- YES _____ NO _____ DATE _____ SEC'Y _____
Signature