



# LOWCOUNTRY MASTER GARDENERS ASSOCIATION



## PROJECT APPROVAL REQUEST

Date \_\_\_\_\_

Area Coordinator: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Area:        Beaufort (\_\_\_)                      Bluffton (\_\_\_)                      Hilton Head (\_\_\_)

Name of Project: \_\_\_\_\_

Project Leader: \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Recipient of LMGA Assistance

\_\_\_\_\_  
(Name of School, Boys & Girls Club, Charity, etc.)

Location of Project: \_\_\_\_\_

Recipient Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Scope of Project: \_\_\_\_\_

\_\_\_\_\_

Estimated Duration: from \_\_\_\_\_ to \_\_\_\_\_

Estimated Number of Volunteers Required: \_\_\_\_\_ Cost to LMGA \_\_\_\_\_ For \_\_\_\_\_

Other Association(s) involved in Project \_\_\_\_\_

Approved by Board

\_\_\_\_\_ Date \_\_\_\_\_

President

It is understood that Project Leader has received approval and authorization from Recipient for the Project described above. Master Gardener volunteers should be informed of and adhere to the policies and procedures of the Recipient organization with regard to project implementation.