



Southwestern Indiana Master Gardener Association, Inc.

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(812) 867-4935



New Project Proposal Form

Please complete both pages of this document

Project Name: _____

Names of Master Gardeners Involved (*indicate chairperson*): _____

Where will your project be located? (*Include address and where the garden is located at this address*): _____

Site's Contact Person and phone number: _____

Describe your general plans for this garden. Include information on who will benefit from this garden project. _____

What will be the approximate size of the garden initially? _____

Is water available? _____

Describe the soil conditions (*well drained, raised bed, containers, etc.*): _____

Is the site easily accessible to MG volunteers? _____

Is the site accessible to the public? _____

What educational features will the garden have? _____

What educational sessions/lessons/demonstrations will be held on site? _____

What expenses do you expect during the development of this garden?

Item	Cost
Total	