



Your Name \_\_\_\_\_

Phone # \_\_\_\_\_

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

## Project/Program Proposal Information

**Wichita County AgriLife Extension**  
**Wichita County Master Gardener Association**  
**600 Scott St. Ste.200**  
**Wichita Falls, Texas 76301**  
**940-716-8610 / Fax 940-716-8615**

**NOTE:** Please submit this completed form to the Extension agent **PRIOR** to the event or project. Written form, Email or Text a picture to 806-717-0170. Approval is **REQUIRED** for any Master Gardener activity.

- 1) List the name of the project or event: \_\_\_\_\_  
 ( i.e. Elementary Science Day; Community Garden training, etc.)
- 2) Expected start date and duration for this activity: \_\_\_\_\_  
 (i.e. beginning 5-23-2019, 1 hour each Thur, ending 8-12-2019, etc)
- 3) Where will the activity be conducted? \_\_\_\_\_
- 4) What is the educational topic(s)? \_\_\_\_\_  
 (i.e. gardening, pest, rainwater, etc.)
- 5) Who is the target audience? Circle one: **Adults**   **Youth**   **Both**
- 6) WCMG members involved in this activity are: \_\_\_\_\_
- 7) Who are the other community partners to be engaged by this activity? \_\_\_\_\_  
 (i.e. other volunteer organizations, sponsors, educational institutions, media, etc.)
- 8) Yes \_\_\_ No \_\_\_ Not sure \_\_\_ Is this activity currently in this year's approved WCMGA budget?  
 If YES, please list that line item: \_\_\_\_\_
- 9) Yes \_\_\_ No \_\_\_ Will funds or donations be used from sources other than WCMG? If so, please complete below so they can be recognized.

Item	Estimate or actual \$\$dollars	Donor or sponsor

Gina Karbner  
 County Secretary  
 Support Staff  
 gina.karbner@ag.tamu.edu

David Graf  
 County Extension Agent  
 Ag & Natural Resources  
 cdgraf@ag.tamu.edu

Katrena Mitchell  
 County Extension Agent  
 4-H & Youth Development  
 katrena.mitchell@ag.tamu.edu