NOTE: This form is for preparing your application only before online submission -- do not use it to submit your project application. Thank you!



Instructions

Please use this form to apply for new Extension Master Gardener (EMG) and Vermont Master Composter (VMC) projects. You may also complete the form to transfer project leadership from one volunteer to another.

We are accepting project applications from March 1 to June 30, 2023.

You must be a certified UVM Extension Master Gardener or Composter volunteer to submit a project application (an intern may be listed as a co-leader). Please take the time to read the <u>Volunteer Project Guidelines & Opportunities</u> on our website, and review the <u>Volunteer Handbook & Program Policies</u> before completing this form.

New/Transitioning Project Leader Checklist

Before submitting your application, please complete the checklist below to determine if leading the project is right for you and if the activities in which you are interested leading would fit into an approved project format.

| Project has a strong public educational focus using research-based information. |
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| Project strengthens and/or supports the outreach efforts of the Extension Master Gardener program. |
| The focus of the project is NOT garden maintenance but instead any weeding, pruning, watering, etc. is considered preparation for educational activities conducted at the project. |
| Be voluntary (no compensation for time on the project). |
| Project involves multiple EMG and/or VMC volunteers (not just project leader/you). |
| Project will include EMG/VMC signage (and materials if appropriate) at the site. |
| Project Leader (you) is an active certified Extension Master Gardener/Composter. |
| Project Leader (you) has completed / is current with the volunteer application, Minor Protection Training, and a background check. |
| Project Leader (you) has agreed to recruit, train and manage volunteers for the project. |
| Project Leader (you) has ensured that volunteers have completed the Minor Protection Training & background check, especially if the project works with youth. |
| Project Leader (you) agrees to report annually on project activities and impact with hours reporting in December/January. |
| Project Host is a non-profit organization open to the public and has agreed to host the project over a number of years. |

First Name Last Name Phone **Email Address** As a project leader, you are required to have completed the UVM Extension Community Horticulture Program Volunteer Requirements -- these are fully described at: https://www.uvm.edu/extension/mastergardener/youth-protection. Please indicate if you have completed the following. Yes No, Not Yet Completed Volunteer <u>Application</u> Completed Minor **Protection Training** Completed a Background Check **Project Co-Leader** Will this project have a Co-Leader? If so, please complete the following information for the co-leader. First Name Last Name

About You (Project Leader)

| Phone | | | | | |
|---|--|--|--|--|--|
| Email Address | | | | | |
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| Proposed Name of New Project (if trans | stioning leadership, current project name) | | | | |
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| Is this intended to be an Extension Master Gardener or Vermont Master Composter project? © Extension Master Gardener (EMG) © Vermont Master Composter (VMC) © Both EMG and VMC | | | | | |
| Location of Proposed Project | | | | | |
| Organization (if applicable) | | | | | |
| Address | | | | | |
| City | | | | | |
| State | | | | | |
| Postal code | | | | | |

| County | | | | | |
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| Droiget Description | | | | | |
| Project Description Please give a brief description of the project. | Include what you hope the project will | | | | |
| achieve, how you plan to achieve it, what volu | | | | | |
| plan to reach. If approved, this will be the description posted on our website/provided to | | | | | |
| volunteers. | | | | | |
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| Educational Activities | | | | | |
| Describe how the project will provide research What types of educational activities "outputs" | | | | | |
| on what subjects? How will you determine if t | | | | | |
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| Proposed Outcomes | | | | | |
| Proposed Outcomes Please briefly describe what you will hope the public will gain from this project. This is the | | | | | |
| place to respond to the "So What?" big picture vision of this project. | | | | | |
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| The program uses the following themes to categorize projects. Choose just one, the primary purpose of your project. |
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| Gardening How-Tos including integrated pest management techniques Invasive species management and native species conservation and restoration Habitats for pollinators and other beneficial insects Water-wise gardening/landscaping to conserve water Growing local food and supporting food security Resilient landscapes adapted to our changing climate Healthy soils that support a diversity of soil life and wise use of soil amendments Backyard and community composting using food scraps & yard wastes Citizen science (including variety trials and other investigations) Gardening practices that provide mental health and wellness (therapeutic horticulture) |
| Direct or Indirect Education Do you anticipate that the project will provide direct or indirect education or both? Direct Education (two-way interactions with the public in the exchange of educational information, like workshops, presentations; info table, hands-on demos, guided tours, etc.). Indirect Education (One-way information delivery that precludes deep interaction, like websites self-guided tours, educational signage, social media, newsletters, etc.). Mostly Direct but some Indirect Mostly Indirect but some Direct Both Direct and Indirect |
| Target Audience(s) What audiences will the project likely reach? Please check all that apply. Children (0-17 yrs) Adults (18-64 yrs) Older adults (65 and older) Food Insecure Individuals/Families Low Income Qualifying Individuals/Families New Americans/Immigrants/Refugees |
| Other, please describe: |

Primary Purpose

| | project (what volunteers will be doing, frequency, etc.). | |
|------------|--|--|
| | | |
| | | |
| | Continuing Education Hours if applicable, describe how volunteers will earn education hours from this project (what volunteers will learn, etc.) | |
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| | Interaction with Youth How will the project work with youth? | |
| 0 | Youth are main focus of the program and may be involved without the presence of a parent/guardian. | |
| 0 | Youth may be involved but as part of a family with parent/guardian in attendance for the entirety of educational programming. | |
| \bigcirc | No youth involved. Other, please explain: | |
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| V | Vill your project involve donating produce to food shelves, etc.? | |
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| Ŏ | Yes No | |

Succession / End Plans

Please describe your succession and project end plans. What will happen to the project if you can no longer serve as project leader? If there is no EMG/VMC who would like to take over the project OR if the host organization would like the project to end, describe the steps you will take to ensure a smooth termination to the project (include what will happen to the plants, landscaping, hardware, etc.).

| Project Partner / Host Organization | | | | | |
|--|--|--|--|--|--|
| Please complete the following information on your primary contact of your project's partner/host organization. | | | | | |
| Name | | | | | |
| Title | | | | | |
| Organization | | | | | |
| Address | | | | | |
| Town | | | | | |
| Email | | | | | |
| LITIQII | | | | | |

Partner Commitment Form

Please have the project partner/host organization review and complete the Partner Commitment Form at: https://go.uvm.edu/emgpartnerform.

The form must be completed, signed, dated and uploaded to the project application at the time it is submitted. Applications will not be approved without fully completed commitment forms.

Project Leader Agreement

Please sign below to agree that you have read, understand and agree to your roles and responsibilities as an EMG/VMC project leader.



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