SHOW-ME MASTER GARDENER (SMMG) PROJECT REQUEST & APPROVAL FORM

SMMG Contact Persor	າ:		Date:			
Requesting Organizati	on:					
Organization's Contact		Phone:				
Project Duration:	ject Duration: Ongoing Short-Term			If short-term, indicate anticipated number of Days Weeks Months		
Project Location:Street/Mailing Address			City			
Project Description: _						
Signature & Date - SMMG Contact			Signature & Date - Organization Contact			
	****** ****					
For Show-Me Maste	er Gardener's Use	Only				
Project Request _	Approved	Denied	Date:			
If denied, reason(s) f	or denial and any	additional comm	nents:			
			- Ciana tim	CMMAC Off:		
			Signature	e – SMMG Offi	cer	