

LCMGA PROJECT PROPOSAL

Group or Organization receiving the work: \_\_\_\_\_

Contact Person within Organization \_\_\_\_\_

Organization Phone \_\_\_\_\_ Organization Email \_\_\_\_\_

Organization Address \_\_\_\_\_

LCMG submitting proposal \_\_\_\_\_

Please describe in detail what you want LGMGA to do and the time plan for the project

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When is the start date for the project? \_\_\_\_\_ What is the end date? \_\_\_\_\_

Will this project last longer than one year? \_\_\_\_\_ If so, proposal must be submitted each year to continue the project.

If this project involves new plants, please attach a sketch of the landscape design and the planting recommendations.

Please outline total budget for the proposed project and what the Organization is responsible for and what is being requested from LCMGA. Please be specific. It is better to over estimate rather than under estimate.

Materials/supplies (soil, mulch, chemicals, etc.) \_\_\_\_\_

Plants \_\_\_\_\_

Irrigation/watering \_\_\_\_\_

Other (be specific) \_\_\_\_\_

Total \_\_\_\_\_

Who will be making the purchases? \_\_\_\_\_

Please attach documentation from Organization agreeing to their share of the proposed budget.

How will LCMG volunteers be involved with the project? Please be specific. \_\_\_\_\_

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How will this project benefit Limestone County, Limestone County Cooperative Extension Service, or LCMGA? \_\_\_\_\_

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What tasks will LCMG do? What tasks will the Organization do?

\_\_\_\_ Landscape design

\_\_\_\_ Bed preparation

\_\_\_\_ Planting

\_\_\_\_ Weeding

\_\_\_\_ Pruning

\_\_\_\_ Watering

\_\_\_\_ Deadheading type maintenance

\_\_\_\_ Mulching

\_\_\_\_ Other (please be specific) \_\_\_\_\_

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\_\_\_\_\_  
Organization Contact signature and date

\_\_\_\_\_  
LCMG Project Leader signature and date