



University of Wisconsin – Extension
 SouthEast Wisconsin Master Gardeners
Garden Project Annual Report
Due by September 15 Each Year

Garden Project Name: _____
 (Enter the garden project name exactly as it appears on the Garden Profile form.)

Submitted by: _____ on _____ For: _____
MGV Name Date Submitted Year

- The **Garden Project Annual Report** is required to retain approved status for volunteer service hours, and this form must be submitted each year by September 15.
- If funding is needed, the **SEWMG Budget Request** form must also be submitted with the Garden Project Annual Report.
- The necessary forms are available at <http://fyi.uwex.edu/sewmg/documents> or from the UW-Ext. offices.
- If you have any questions, please contact the Hort staff at the UWEX Offices.
- Submit the completed form(s) to: SEWMG Finance Committee, UWEX Office
 6737 West Washington Street, Suite 2202
 West Allis, WI 53214

GARDEN COMMITTEE	Name	Phone No.	Email Address
Chair:			
Co-Chair:			
Co-Chair:			
Partner Organization:			
Contact Person Info:			
Title:		Date of MOU:	

Highlight the garden project's successes and accomplishments this year:

Describe new projects, educational programs, signage, literature or significant changes made this year:

Plans for projects, programs, or improvements for next year? Please describe. Yes No

Are vegetables produced, harvested, and donated from this garden?		Yes	No
If Yes, How much so far this year:	\$	Donated to:	
How many pounds this year:	Lbs.		
FUNDING SOURCES (enter N/A for items that are not applicable)			
SEWMG:	Budgeted this year:	\$	Used this year: \$
Partner Organization (name):			How much? \$
Other Donations-From (name):			How much? \$
Grant from Outside Source (name):			How much? \$
In-Kind Contributions (non-monetary):			
VOLUNTEER SERVICES (estimate as closely as possible the number of volunteers; it does not need to be exact!)			
<i>Count each person only once.</i>	No. of Volunteers	No. of Hours	What was their role?
MGV Co-Chairs:			
Master Gardener Volunteers:			
Total MGVs:			= All MGVs including co-chairs that worked.
Partner Organization Staff:			
Partner Organization Volunteers:			
Community Volunteers:			
TOTAL:			= All MGVs and partner volunteers that worked.
List the names of MGVs that worked (attach a separate sheet if necessary).			
Is there anything else you want us to know – problems, concerns, suggestions?			