



**OREGON MASTER GARDENER™ ASSOCIATION
EXTENSION EDUCATOR GRANT REQUEST**

DATE: _____ AMOUNT REQUESTED: _____

MASTER GARDENER™ CHAPTER: _____

CHAPTER'S MAILING ADDRESS: _____

E-MAIL: _____

FAX: _____

TELEPHONE: _____

APPLICANT'S NAME (Please print): _____

APPLICANT'S TITLE: _____

(Community Horticulture Agent, Program Assistant, or designated OSU Extension Staff)

PURPOSE OF PROGRAM/GRANT: (Brief description. Please use back of form if needed.)

Applicant's Signature: _____

For Committee Use:

Accepted: _____ Declined: _____ Date: _____

*Reason _____

In the event of dissolution or disbanding of the local chapter, the equipment or materials purchased with this grant shall revert to OMGA to be held in trust.