**Oregon Master Gardener™ Association (OMGA)**

TM

**Extension Educator Grant Program**

To:

OSU Extension Community Horticulture Agents, Program Assistants or designated OSU Extension staff members who are responsible for county Master Gardener programs.

Enclosed is information and an application from the Oregon Master Gardener Association’s Extension Educator Grant (EEG) Committee. The grants support county Master Gardener public education programs to support and improve home horticulture.

OMGA has a goal of expanding our support of Master Gardener chapters around the state. In advancement of that, the Extension Educator Grant (EEG) allocation has been increased. This will provide greater opportunities for the Extension people, supporting county MG chapters, to promote the county programs.

If you are a successful recipient, please provide a summary at the end of the year detailing how the funds were used. Photographs are also greatly appreciated. This information will allow OMGA to promote your accomplishments, spread the news of the successes, and illustrate the benefits derived from the grant funds, which are generated, in large part, from chapter dues.

Please review the attached information and apply by mail or email or before:

**May 15**

Sincerely,

Chris Rusch, Extension Educator Grant Committee Chair

Email: crusch3837@gmail.com

Phone 541-825-3837

Mail: Chris Rusch

P.O. 185

Tiller, Oregon 97484

OREGON MASTER GARDENER™ ASSOCIATION

EXTENSION EDUCATOR GRANT REQUEST

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AMOUNT REQUESTED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MASTER GARDENER™ CHAPTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAPTER’S MAILING ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 the back of form if needed.)

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Committee Use:

Accepted: \_\_\_\_\_\_\_\_\_\_ Declined:\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_

\*Reason\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.