



SouthEast Wisconsin Master Gardeners

Project Annual Report

Due by September 10 Each Year

Project Name: _____
 (Enter the project name exactly as it appears on the SEWMG Budget Report.)

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

- The **Project Annual Report** is required to retain approved status for volunteer service hours, and this form must be submitted each year by September 10.
- If funding is needed, the **SEWMG Budget Request** form must also be submitted with the Project Annual Report.
- The necessary forms are available at <https://SEWMG.org/forms>
- If you have any questions, please contact Valorie Sangsland.
- Submit the completed form(s) by Email to Valorie Sangsland (preferred) at vjsland@gmail.com
 or by U.S. mail to: SEWMG Finance Committee
 c/o Valorie Sangsland
 12580 W. Weatherstone Blvd.
 New Berlin, WI 53151

Number of people reached this year _____ Select how number of people reached is calculated: _____ Individual MGV contacts _____ Group contacts during events			
COMMITTEE	Name	Phone No.	Email Address
Co-Chair:			
Co-Chair:			
Co-Chair:			
SEWMG mission statement: We are master gardeners who serve as a resource in the art and science of gardening to cultivate community connections. Explain how your project supports the SEWMG mission statement:			

What was the goal for your project this year? Describe the steps you took to achieve your goal. Highlight the project's successes, accomplishments, and any challenges encountered this year. Include all activities:

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

Are vegetables produced, harvested, and donated from this garden project?	Yes	No
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If yes, how many pounds? _____ (Please use 9/1 – 8/30 each year for your harvest timeframe)
 Donated to:

FUNDING SOURCES (enter N/A for items that are not applicable)

SEWMG:	Budgeted this year:	\$	Used this year:	\$
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:			= All MGVs including co-chairs that worked.

Is there anything else you want us to know regarding your project– problems, concerns, suggestions?