

**Virginia Master Naturalist Program  
Eastern Shore Chapter**

# PROJECT PROPOSAL FORM



**Project Name:**

**Date of Proposal:**

<i>Complete this section for any project proposed by a Master Naturalist.</i>	
<b>Project Chair (ESMN Member):</b>	
<b>Phone:</b>	<b>Email:</b>
<i>Complete this section for all volunteer requests by non-sponsoring partners and organizations.</i>	
<b>Requesting Organization:</b>	
<b>Primary Contact Person:</b>	
<b>Phone number:</b>	<b>Email:</b>
<i>Complete this section for sponsor projects ONLY.</i>	
<b>Sponsor:</b>	<input type="checkbox"/> VMN - Eastern Shore Chapter <input type="checkbox"/> Virginia Department of Conservation & Recreation <input type="checkbox"/> Virginia Cooperative Extension <input type="checkbox"/> Virginia Department of Forestry <input type="checkbox"/> Virginia Department of Environmental Quality <input type="checkbox"/> Virginia Department of Game & Inland Fisheries <input type="checkbox"/> Virginia Museum of Natural History
<b>Primary Contact Person:</b>	
<b>Phone number:</b>	<b>Email:</b>
<b>Project type:</b>	<input type="checkbox"/> Education/outreach <input type="checkbox"/> Stewardship <input type="checkbox"/> Citizen science/monitoring <input type="checkbox"/> Administrative

**Project Description:**

**Project Purpose and Value** (*How will this project contribute to natural resource management, conservation or education?:*)

**Project Location:**

**Time Frame:**

**List specific activities volunteers will be involved in:**

**What, if any, prior experience or expertise is required or preferred?**

**What training will be provided and by whom?**

**VA Master Naturalist Resources needed** (*What equipment will the volunteers need to provide?*):

**Safety hazards and protocols** (*include insects, weather, terrain and other environmental hazards*):

**Are minors involved?**  **NO**  
 **YES** (*If yes, ALL Master Naturalist volunteers involved must have prior required training*)

**How will the project be evaluated during implementation and after completion?**

**How will the contributions of the Virginia Master Naturalist program be recognized?** (*Final project report, organization newsletter, project publicity articles, etc.*)

**How will Master Naturalist volunteers benefit from participation in the project?**

<b>ADVISOR APPROVAL</b> Completed by Chapter Advisor			
<b>Project Approved:</b>	<input type="checkbox"/> YES	<b>Date:</b>	<b>Chapter Advisors Initials:</b>
	<input type="checkbox"/> NO		
<b>CHAPTER APPROVAL:</b> <i>Completed by Board of Directors</i>			
<b>Project Approved:</b>	<input type="checkbox"/> YES	<b>Date:</b>	<b>Board Members Initials:</b>
	<input type="checkbox"/> NO		