Chesapeake Bay School Reforestation Project Application

Print this form

School Name:		
School Address:		Zip:
City:	State:	Zip:
l elephone:		
Email Address:		Teacher's Name:
Please complete App	lication in Space A	lotted:
		d objective; details on location; size of planting site; nity; and relationship to existing school curriculum):
2. Schedule of Project (st	art-up date and comple	tion date).
3. Proposed Budget (estin	mated expenditures, plo	ease list).
4. Describe plans for follo	ow-up care and mainter	ance of the planting site.
5. Schedule of Project (de	escribe how you will ev	aluate the success of the project.)
Principal's Name:		Principal's Signature:

Mail to: Montgomery County Forestry Board, School Reforestation Program, 17400 Annapolis Rock Road Woodbine, MD 21797

Tel: (301) 854-6060; Fax: (410) 442-2126