

# PCMG PROGRAM OPERATIONS FORM

For programs, workgroups, and committees\*

## PROGRAM OPERATIONS FORM

**Program name:**

**Purpose statement (1-2 sentences):**

**Minimum of three (3) objectives:**

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- 
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**Identify at least three (3) program priorities (see page 5 of the MG Handbook for reference):**

- Horticulture Skills
- Clean Water
- Water Conservation
- Wildlife Preparedness
- Local Food
- Pollinators
- Climate Change
- Plant Biodiversity
- Soil Health
- Nearby Nature

**How does this program support DEI (Diversity, Equity, Inclusion) efforts?**

**Chair(s):**

First and last name	Phone with area code	Email

**What is your Chair transition plan? I.e., what is your plan when a Chair wants to step down?**

**To whom is this program accountable?**



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*\*Please reference the Master Gardener of Pierce County (MGPC) Program Terminology & Operations document for definitions of a program, workgroup, and committee*

- Funder(s):
- Audience:

**How will this program obtain feedback from those to whom it is accountable?**

*(If operating under a larger program, e.g., Composting under the Puyallup Demo Garden, this can be done in conjunction with the umbrella program)*

**Please attach a chair position description when submitting this document, as well as a copy of any operational forms or documents that your program uses**

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Date first submitted:     /     /

Submitted by:

Most recent update:     /     /

Updated by:

**NOTES** (please include any major updates to the document):



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# WORKGROUP OPERATIONS FORM

Workgroup name:

Program you function under:

Purpose statement (1-2 sentences):

Minimum of two (2) objectives:

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Identify at least one (1) program priority (see page 5 of the MG Handbook for reference):

- Horticulture Skills
- Clean Water
- Water Conservation
- Wildlife Preparedness
- Local Food
- Pollinators
- Climate Change
- Plant Biodiversity
- Soil Health
- Nearby Nature

Does this workgroup have an MG as lead, or does it utilize a collective leadership structure?

- MG Lead
- Collective leadership

Lead(s), if applicable:

First and last name	Phone with area code	Email

**Please attach a copy of any operational forms or documents that your workgroup uses**

Date first submitted:        /        /

Submitted by:



**Most recent update:**     /     /

**Updated by:**

**NOTES** (please include any major updates to the document):



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## COMMITTEE OPERATIONS FORM

Committee name:

Purpose statement (1-2 sentences):

***Please attach a copy of any operational forms or documents that your committee uses***

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Date first submitted:     /     /

Submitted by:

Most recent update:     /     /

Updated by:

NOTES (please include any major updates to the document):



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