



PROJECT ASSESSMENT for the PEST Committee
TO BE COMPLETED BY PROJECT CHAIR

Date: _____

Project Name: _____

Chair: _____ Start date in position: _____

Co-Chair: _____ Start date in position: _____

Beginning date of project: _____

Host and host contact (if they are not the same): _____

Is your Host agreement intact? _____

Does your host provide support, both financial and in general? _____

What days does your project work? _____

How long (time) are your workdays? _____

Total Number of Project Members: _____

Number of Lifetime members, Sustainers, or Leave of Absence: _____

Average number of members attending work days: _____

Concerns about your project (looks, plants, people, hosts, morale, etc.) _____

Positives of your project

Areas you need help from the MG organization
