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# WSU Extension Master Gardener Proposal for In-Person Activity

Washington State University Extension holds the health and safety of personnel, volunteers, the public, and that of program participants of critical importance. By following the guidelines laid out by the Governor’s office and the Washington State Department of Health, as well as best practices outlined by the Centers for Disease Control (CDC), we hope to offer opportunities for participants to interact in person when appropriate.

This form should be completed and submitted for documentation of compliance prior to holding any in-person activities or events. Please turn the completed form in to your county Director for review and endorsement **at least two weeks prior** to your proposed activity or event.

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| Event Title:  |
| LOGISTICS |
| Date: Time: Duration:  |
| Is this event recurring? If yes, indicate how frequently: |
| Event location (venue, address, description of space):  |
| Anticipated Number of Adults Attending (including self; include names if known). No more than fifteen (15) WSU-affiliated individuals outside a household may meet in Phase 3. Consider staggered participation, cohorts or “shift” scheduling to stay within limits. Clinic contacts and walk-up contacts at Master Gardener clinics, farmers market tables and the like do not count against this limit.  |
| Date of Virtual Planning Meeting and agenda:  |
| REASONING |
| Rationale for the need to conduct in-person activities: |
| Please list your goals and outputs for this event:**Goals:** **Outputs:**  |
| COVID LOGISTICS |
| How will you ensure 6-foot distancing between participants (describe the space, markers, arrangement, etc.)? |
| How will you ensure face coverings are worn properly, hand hygiene or gloving are maintained, and health screenings/attestations for Master Gardener participants are completed? |
| How will you minimize the sharing of high touch materials, and provide for sanitation between users?  |
| Who will be the lead organizer of this gathering, (making sure protocols are followed)?  |
| Who will be your Compliance Individual at the gathering? |
| How will you include members who need to participate virtually?  |
| Name & Contact Information of Individual Submitting this Plan: |
| Initials:  | I attest that I have reviewed and will comply with the guidelines established by the Washington Department of Health and any applicable local guidelines. |
| Initials:  | I understand that I will need to collect the names, contact information, and attestation forms of all participants and submit them to the County Extension office within 3 days of our event.  |
| Initials:  | If I learn that a member of our group or their family members have tested positive for COVID-19, I agree to consult [CDC Guidelines](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/index.html) and contact our [local health department](https://www.doh.wa.gov/AboutUs/PublicHealthSystem/LocalHealthJurisdictions) to discuss the management of potentially exposed individuals. I also agree to notify the County Extension office.  |
| Signature of Extension Staff or Volunteer:  | Date:  |
| County:  | Current Region Phase:  |