4-H Fundraising Approval Form



All 4-H fundraising activities need **prior** approval from the county 4-H Professional. Fundraising includes and is not limited to acquisition of funds through activities and events of the 4-H club/affiliate such as selling or auctioning items or services, applying for grants, seeking donations, or receiving money in any way.

Return this form for approval to your UI County Extension Office. Please attach additional pages as needed. Work with the county 4-H Professional for any fundraiser that requires a Facility Use Agreement and Certificate of Liability for the facility hosting the event.

4-H Club/Affiliate Name: Date:		Date:
4-H Club	o/Affiliate EIN:	
Contact	Person:	Phone:
Гуре of f	fundraising:	
Į	☐ Selling or auctioning items or services	Estimated Income:
Į	☐ Donation or sponsorship	Estimated Expenses:
Į	☐ Grant	Net Estimated Income:
Į	☐ Other (please describe)	
Date of f	fundraising activity:	
Date clul	b/affiliate membership voted and approved the fundr	raising (anticipated) income and expenses budget:
1.	Describe the purpose of the fundraiser, how the fund	s will be used.
2.	Describe how the 4-H Name and Emblem will be used	I.
3.	Name and address of facility hosting the fundraising e	event (if applicable) or location:
4.	Describe an outline of the activity, including any prod	fucts or services to be sold or auctioned.

5.	If applying for a grant, please comp	plete the following four ques	tions, otherwise skip to number 6.		
	a. What organization are you app	lying to for the grant?			
	b. What will the funds be used for?				
	c. How much funding are you applying for?				
	d. What is the estimated award d	late?			
6.	Is this fundraiser in support of an (If yes, please answer the following		· · · · · · · · · · · · · · · · · · ·		
	. What group or organization will this fundraiser benefit?				
	b. How will this fundraiser bene	fit the group or organization	n?		
	Please describe how you determined what the needs of the group or organization are.				
	d. What are you planning to do with the items or money collected in support of this group or organization?				
follow direct respor	all National 4-H and State 4-H fund through the University of Idaho, ap	draising procedures and guid oplicable fees will be deducted d meeting criteria of the gra	n provided. We understand and agree to elines. We understand that if grant mone and the individual applying for the grant. (You may request a copy of the 4-H u do not already have a copy.)	-	
4-H Club/Affiliate President (print)		Signature	Date		
4-H Ac	lult Volunteer (print)	Signature	Date		
Appro	ved by:				
Count	y 4-H Professional (print)	Signature	Date		

*Note to 4-H Professional: If this is a request to apply for a grant, please forward a copy of this form to the State 4-H Office once you have approved it.

July 2020