*Please Note: Approval for this project may take 2-4 months.*

All 4-H fundraising activities need prior approval from the county director. Return this form to your

UCCE 4-H county office prior to the fundraising activity. Please attach additional pages as needed.

You need to work with the 4-H YDP staff for any fundraiser that requires a Facility Use Agreement

and Certificate of Insurance for the facility hosting the event.

Please type or print all information provided.

|  |  |
| --- | --- |
| Contact Person: | Date: |
| Email: | Phone: |

**PART A**

|  |  |
| --- | --- |
| Date for Activity: | |
| Estimated Expenses: $ | Estimated Income: $ |
| Name and Address of Facility hosting the event (if applicable): | |
| If the fundraiser involves serving food, please list the name of the 4-H adult volunteer who will be  participating at the event and who has received annual food safety training from 4-H YDP staff  (please print): | |
| Outline the activity, including products to be sold or services to be rendered. | |
| Anticipated Use of Funds. | |
| Describe how the 4-H Name and Emblem will be used. | |

**PART B**

|  |
| --- |
| Are you doing this fundraiser in support of outside groups or organizations? (check one)  NO YES  If you checked yes, please answer the questions below: |
| What group or organization will this fundraiser benefit? |
| How will this fundraiser benefit the group or organization? |
| Please describe how you determined what the needs of the group or organization are. |
| What are you planning to do with the items or money collected in support this group or organization? |

We confirm the accuracy of the information provided above.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event Chair (print name) |  | Signature |  | Date |
| Key Leader (print name) |  | Signature |  | Date |
| Fundraising Director (print name) |  | Signature |  | Date |

(Management Board Director should sign in cases of Fundraising Director vacancy)

Management Board Approval (meeting date of budgeted line item approval) Date: \_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 4-H County Staff (print name) |  | Signature |  | Date |
| County Director or designee\* (print name) |  | Signature |  | Date |