2012 – 2013 Idaho Friends of 4-H Request for Funding

Deadline: July 31, 2012

FUNDING GUIDELINES

- Funds requested must benefit Idaho 4-H programs. Priority will be given to programs reaching greater numbers of participants and falling within the Program Priorities of: Healthy Living, 4-H Science and Technology, Citizenship, and Leadership.

- Request must show total cost, expected number of youth or adults who will benefit from the program. Describe the event, and if other matching funds are available, other funding sources, etc.

- **Limit** the application to **3 pages**, including the Cover Sheet.

- If this project has been funded in the past year, please complete a "Funded Project Summary Report" and include with this application.

- Idaho Friends of 4-H Board reserves the right to make the final allocation of funds.

- Notification of fund allocations will be sent following the Fall Friends of 4-H meeting.

- **Late** applications will not be considered. Applications must be postmarked on July 31 or emailed no later than 5 p.m. Pacific Time on July 31.

Payment of funds must be requested before August 1 of the following year. Carryover of any unspent funds must be requested, on the appropriate form with an explanation why the funds were not spent in the year received, or the funds will revert to Friends of 4-H to be reallocated to new proposals. Please carefully follow the format outlined below.

COVER SHEET

Application Deadline:	**Submit Application to:**
July 31, 2012	Idaho Friends of 4-H Att: Shana Codr University of Idaho 4-H Youth Development P. O. Box 443015 Moscow, ID 83844-3015 Phone: (208) 885-6321 Fax: (208) 885-4637 Email:scodr@uidaho.edu

- **Applications may be mailed, faxed, or emailed. Mail must be postmarked July 31, 2012.**
- **Emails must be sent no later than 5 p.m. Pacific Time on July 31.**

Contact Information:

Name of Applicant/ Organization/Event

County: District:

Contact:

Name:

Address:

Phone:

Email:

Check one that applies. This application is for a:

☐Club ☐County ☐Cluster/Multi-County ☐Statewide ☐Other (define)

Amount requested: $ _____

Name of Project:

Project Description: (Briefly describe the project, event, or program. Why is funding needed?)

Target Audience: (Please be specific.)

Number of youth and adults participating in the program: **Youth** **Adults**

Implementation timeline: (When will project start and end. If funding is for an event, what is the approximate date of event.)?

Expected impact of Project: **(**What are the benefits of the project, event, program? How will it make a difference in lives of 4-H youth and volunteers?)

Budget

List all anticipated income (include fees, other grants, donations) and expenses for the project.

Income:	**$**	**Expenses:**	**$**
Total	**$**	**Total**	**$**

Partners/Collaboration

List community agencies and organizations with whom you are working on this project and what they are providing (volunteer time, money, supplies, etc.)

Evaluation

How will you evaluate the program? How will you determine if the goals of the project are accomplished?

Due: July 31

Email to, scodr@uidaho.edu or fax to (208) 885-4637 or mail to:
Idaho Friends of 4-H, Att: Shana Codr
University of Idaho, 4-H Youth Development, PO Box 443015, Moscow, ID 83844-3015