

**University of Idaho 4-H Name & Emblem Use Request Summary**

*{For use by Idaho 4-H Family Groups only}*

*To be completed by 4-H Volunteer:*

**4-H Family Group Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**County**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **{EIN Numbers –** not required due to funding restrictions}

Describe the reason you are seeking “4-H Family Group” status (instead of enrolling as a community club): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*I have read the 4-H Name and Emblem User Guide (* [*https://nifa.usda.gov/sites/default/files/resource/fy-2019-4-h-name-emblem-use-guide-20191108.pdf*](https://nifa.usda.gov/sites/default/files/resource/fy-2019-4-h-name-emblem-use-guide-20191108.pdf) *) and attest that we will insure proper use of the 4-H Name and Emblem in accordance with Federal regulation. We will operate in compliance with all federal, state and local 4-H policies, procedures and other requirements. Furthermore, I understand that as a 4-H Family Group, we cannot engage in fundraising activities nor obtain tax-exempt 501(c)3 status.*

**Volunteer submitting request**: Name: (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Copies of these documents* ***must*** *be submitted with this request form:*

 \_\_ Completed 4-H Name & Emblem Use Request Authorization between 4-H and Prospective Family Group

I have reviewed the required documentation attached to this request form. Furthermore, based on the acknowledgement and purpose(s) set forth above, this group is authorized to use the 4-H Name and Emblem in connection with its program and activities and is considered an official 4-H unit of the University of Idaho Extension 4-H Youth Development Program.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(County 4-H Youth Development Personnel) (Date)*

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 *(State 4-H Director) (Date)*

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Scan all documents into one file & email that file to:

 fourh@uidaho.edu

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| **State Office Use Only** |  |  |
| **Required Materials** | **Processed at the State Office** | **Date Completed** |
| \_\_ Signed Authorization Agreement  | \_\_ Signed Agreement sent to County  | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

(Revised 1/22)

**4-H Name and Emblem Use Authorization between**

**University of Idaho Extension 4-H Youth Development and**

**Prospective 4-H Family Group**

**Purpose**

This 4-H Name and Emblem Use Authorization establishes the guidelines for collaboration between University of Idaho Extension – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 4-H Youth Development and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ (4-H Family Group name). The purpose of this document is to define the roles, relationships and obligations of both parties including the use of the 4-H Name and Emblem which is a Federal mark, protected by 18 U.S.C. 707. The primary consideration for granting authorization to use the 4-H Name and Emblem is for educational and character-building purposes of the 4-H program to serve the educational needs and interests of 4-H youth.

**4-H Youth Development Mission and Vision:**

University of Idaho 4-H Youth Development empowers youth to reach their full potential through working and learning in partnership with caring adults. Its vision is being a leader in developing Idaho’s youth to become responsible, productive citizens, meeting the changing needs of a diverse society.

**Roles and Responsibilities**

**Joint Responsibility:**

University of Idaho Extension – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 4-H Youth Development and the \_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Family Group name) hereby mutually agree to work together to:

1. Provide open communication and leadership to achieve the mission and vision set forth above.
2. Use the 4-H Name and Emblem in accordance with federal law, regulations and guidelines.

**University of Idaho Extension – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 4-H Youth Development agrees to provide:**

1. Permission to use the 4-H Name and Emblem in accordance with federal law, regulations and guidelines.
2. Leadership/support for delivery of 4-H Youth Development programs, volunteer management and administration of policies/guidelines.
3. Enforcement of land grant university Equal Employment Opportunity (EEO) and Civil Rights policies.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (4-H Family Group name) agrees to:**

1. Proper use of the 4-H Name and Emblem in accordance with federal law, regulations and guidelines.
2. Strictly adhere to University of Idaho Extension 4-H Youth Development policies and procedures, plus existing supplemental county policies.
3. Provide annual financial reporting to University of Idaho Extension – \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County 4-H Youth Development personnel for any funds derived from and/or in support of 4-H (including annual financial summaries, audit certifications and ending bank statements) no later than November 1st.
4. Not engage in any 4-H fund-raising activities to benefit their specific group; involvement in county-level fundraising activities is appropriate.
5. Support 4-H and Extension professionals in creating/conducting/evaluating positive youth development experiences for County youth.
6. Provide advice on 4-H program needs, directions and management to insure a balanced 4-H program is available for all eligible 4-H youth.
7. Encourage volunteer staff development, including recruitment, orientation and recognition.
8. Help insure that all 4-H educational programs and opportunities are conducted on a nondiscriminatory basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, disability, Vietnam-era veteran status and other standards as set forth in EEO/Civil Rights policies.
9. Positively provide/assist to enhance program visibility and marketing.
10. Upon dissolution, agrees that any assets acquired in the name of 4-H will be distributed to another Extension-approved tax-exempt organization for the benefit of 4-H youth programs.

**Tax-exempt Status**

As a 4-H Family Group, we acknowledge that we are not eligible for 501(c)3 tax exempt status, nor can we accept tax-deductible contributions.

**Meetings and Reporting**

To accomplish these objectives, partners will meet/confer at least once a year for the purpose of program planning and monitoring, evaluating outcomes, and to review and ensure that each entity is in compliance with this 4-H Name and Use Authorization agreement.

**Duration**

This authorization will commence as of the date the last authorized individual signs this agreement, and shall remain in effect unless terminated or amended as described below.

**Termination or Amendments**

This authorization can be amended through mutual agreement of all parties and evidenced in writing and signed by the authorized individual(s) for each party. This agreement may be terminated by either party with 30 days written notification. *{Exception: The Director of Extension or State 4-H Director can immediately terminate authorization to use the 4-H Name and Emblem at any time for just cause.}*

**Authorized Signatures**

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Signature Printed Name

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Title Date

University of Idaho Extension 4-H Youth representative

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Signature Printed Name

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Title Date

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 (Name of 4-H Family Group)

Name & Emblem Use Authorization for 4-H Family Groups (July 2018)