

LORAIN COUNTY 4-H ENDOWMENT FUND

PROJECT GRANT APPLICATION

I. Name of group or individual requesting funding:

Address _____

City/State/Zip _____

Phone _____

Contact Person (if club or group applying for funds) _____

For individual request only:

* With which club or group are you affiliated? _____

* How long have you been associated with this club or group? _____

II. Name of program for which funding is being requested:

A. Date program is to begin _____

B. Date program is to be completed _____

C. Location of program _____
(where program is to be carried out)

D. DESCRIBE ALL DETAILS OF THE PROGRAM OR PROJECT; INCLUDE ALL OBJECTIVES OF THE PROGRAM OR PROJECT. PLEASE BE DETAILED AND ATTACHED ADDITIONAL SHEETS IF NECESSARY TO BE AS SPECIFIC AS POSSIBLE.



III. Funding/Budget (attach additional sheet if necessary). Please be specific.

A. List funds needed to complete this program:

_____	\$ _____
_____	\$ _____
_____	\$ _____

B. Funds requested or received from other sources: (Please list)

_____	\$ _____
_____	\$ _____
_____	\$ _____

C. Funds being requested from Lorain County 4-H Endowment Fund:

\$ _____

IV. How is this program innovative or creative?

V. How will this program benefit the group, individual, Lorain County 4-H Program or community?

VI. How many 4-H members/individuals will benefit from this grant?

VII. What are your plans for insuring the success of this program?

Signature _____

Date: _____

Signature of advisor or group leader, if signature above is under 18 years of age

Date: _____