

Form 8.7 – Fundraising Approval

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.

| | |
|-----------------|--------|
| 4-H Club Name: | Date: |
| Contact Person: | Phone: |

PART A

| | |
|---|----------------------|
| Date for Activity: | 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.

| | | |
|---|-----------|-------|
| _____ | _____ | _____ |
| Club President (print name) | Signature | Date |
| _____ | _____ | _____ |
| 4-H Adult Volunteer (print name) | Signature | Date |
| _____ | _____ | _____ |
| 4-H County Staff (print name) | Signature | Date |
| _____ | _____ | _____ |
| County Director or designee* (print name) | Signature | Date |

