

**COSHOCTON COUNTY 4-H ENDOWMENT FUND
FUNDING APPLICATION**

Deadline to Extension Office May 31st, current year.

1. Name of group or individual requesting funding:

ADDRESS _____

CITY, STATE & ZIP _____

CONTACT PERSON _____ PHONE _____

For Individual Requests Only:

* With which club or organization are you affiliated?

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

* Social Security #: _____

* Name and phone number of two references:

Signature _____ Date _____

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A written report of your activity will be required prior to the annual meeting of the Coshocton County 4-H Endowment Committee.

(Submit written report to the Extension Office by November 1.)

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

A. Date program is to begin & date completed: _____

B. Location of program: _____

(Where program is to be carried out)

C. Briefly describe your project or program:

3. Funding:

A. Total funds needed to complete this program: \$ _____

B. Funds requested or received from other sources:

(Please list)

1. _____ \$ _____

2. _____ \$ _____

3. _____ \$ _____

(attach additional sheet if necessary)

C. Funds being requested from Coshocton County

4-H Endowment Fund: \$ _____

4. How is this program innovative or creative?:

5. How will this program benefit the group or individual requesting funding?:

6. How will this program benefit Coshocton County 4-H?:

7. How will this program reach or benefit those in your community?:

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

9. Will you be publicly recognized for your project?:

Approved funds will need to be spent by December 31st of the current year. A report on the use of the funds would be due into the Extension Office by December 1st.