

COSHOCTON COUNTY 4-H ENDOWMENT FUND GRANT APPLICATION

Due to the OSU Extension Office by Septmeber 1st, 2022

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? _____

* Name and phone number of two references:

Name: _____ Phone: _____

Name: _____ Phone: _____

Signature _____ Date _____

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.