

# COSHOCTON COUNTY 4-H ENDOWMENT FUND GRANT APPLICATION

Due to the OSU Extension Office by July 26<sup>th</sup>, 2024

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.