|  |
| --- |
| CLUB FUNDRAISING PROPOSAL |

⯌ Submit to UCCE office at least 30 days prior to event for approval ⯌

|  |  |  |  |
| --- | --- | --- | --- |
| Club Name: |       | Date: |       |
| Contact Person: |       | Phone Number: |       |
| Contact Person Email Address: |       |
| Fundraising Activity & Location: |       |
| Date of Activity: |       | Product being sold/services rendered |       |
| Chairman (Adult): |       | Chairman (Member): |       |
| Fundraising Activity Area (Community-City, county, school, etc.): |       |
| What project or club account will benefit from the fundraiser? |       |
| Current balance in the club or sub-account: |       |

Was this fundraiser included in the approved budget submitted to 4-H YDP staff? (check one) [ ]  Yes [ ]  No

Anticipated Use of Funds:

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Describe how the 4-H Name and Emblem will be used:

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|       |
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| --- | --- | --- |
|  | Projected Income: |       |
| - | Projected Expense: |       |
| = | **Projected Profit:** |       |

If your club/project is ordering products from a manufacturer, please complete the following:

|  |  |
| --- | --- |
| Manufacturing Company Name: |       |
| Contact Person: |       | Phone Number: |       |
| E-mail address: |       |  |  |

**If the fundraiser involves serving food or selling food, list the contact information of the 4-H adult volunteer who will be participating at the event and who has completed annual UC ANR food safety training.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Phone Number: |       |
| Email Address: |       |
| Date Volunteer Passed Food Safety Training: |  |

**Continued on back**

Are you doing this fundraiser in support of outside groups or organizations? (check one)

 [ ]  Yes [ ]  No

If you checked yes, please answer the questions below:

What group or organization will this fundraiser benefit?

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How will this fundraiser benefit the group or organization?

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Please describe how you determined what the needs of the group or organization are:

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What are you planning to do with the items or money collected to support this group or organization?

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*We confirm the accuracy of the information provided above.*

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| --- | --- | --- | --- |
| Club Treasurer: |   | Date: |       |

 *(Signature)*

|  |  |  |  |
| --- | --- | --- | --- |
| Club President: |   | Date: |       |

 *(Signature)*

|  |  |  |  |
| --- | --- | --- | --- |
| Community Club Leader: |   | Date: |       |

 *(Signature)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Director or Designee:** |  | **Date:** |       |

 ***(Signature)***

** RETURN TO:** SOLANO COUNTY 4-H

 Attn: Valerie Williams, Program Representative

 501 TEXAS STREET, 1st Floor

FAIRFIELD, CA 94533

Club Fundraising Proposal 2016-17