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| --- |
| 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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| --- | --- | --- |
|  | 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: |  |

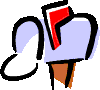
*(Signature)*

|  |  |  |  |
| --- | --- | --- | --- |
| 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