

FUNDRAISER APPLICATION

MACOMB MSUE 4-H YOUTH DEVELOPMENT PROGRAM

The Macomb MSUE 4-H office ***must receive this completed form at least two weeks prior to the beginning of the fundraiser.*** This allows time for staff to review your proposal and communicate with you if any clarification or additional information is needed. Once your fundraiser has been approved, one copy of this form will be returned to you, along with a letter stating approval has been granted. You will also receive the "end of fundraiser" financial report form that must be completed and returned to the 4-H office within **30 days** after completing the fundraiser.

Club/Program Name: _____ Location(s) of Fundraiser: _____

Person(s) responsible: _____

Phone: (____) _____ Date(s) of Fundraiser: _____

If year long, check here _____

Provide a brief explanation of the fundraising activity you are planning.

Explain how all items necessary for the fundraiser will be obtained and list estimated expenses connected with these items. Any expense occurred by an individual or group who expects to be reimbursed once the fundraiser is completed, must be listed here as an expense.

List the total revenue expected from the fundraiser and explain how you have arrived at this figure.

List the amount of the expected net proceeds (total revenue minus costs) and explain how you have arrived at this figure if it is not obvious from information already provided above.

Explain how the proceeds will be used. Mention specific projects or activities that will benefit and specific purchases that will be made from the proceeds.

Club/Program leader signature: _____ Date: _____

4-H Program Coordinator signature: _____ Date: _____

Follow up report is due on: _____ Received by: _____ Date: _____

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White: Office

Yellow: General Leader

Pink: Club Treasurer

Green: Fundraiser Coordinator