Financial Support Request

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| --- | --- |
| Date of request: | Click here to enter text. |

**Group making request:**

|  |  |
| --- | --- |
| Group name | Click here to enter text. |
| Address | Click here to enter text. |
| Contact Person | Click here to enter text. |
| Contact person’s phone | Click here to enter text. |
| Contact person’s email | Click here to enter text. |

**Request information:**

|  |  |
| --- | --- |
| Amount requested | Click here to enter text. |
| Brief description of event/program/trip/etc. | Click here to enter text. |
| Event Date (if applicable) | Click here to enter text. |
| Date need response (if applicable) | Click here to enter text. |
| Number impacted | Click here to enter text. |
| Impact for participants (2-5 sentences) | Click here to enter text. |
| Check the connection to Foundation mission | (1) Awards, Trips, & Scholarships  (2)Camping Programs  (3) Leadership and Program Development  (4) Project Specific Support  (5) Supporting Services |
| Is there an opportunity for the 4-H Foundation board to volunteer or participate in the event? | No  Yes  If yes, please explain below:  Click here to enter text. |

If funded, the following conditions apply:

1) You will use the funds for the event/program for which it was applied and granted.

2) If the event does not occur, you will return the funds to the Delaware 4-H Foundation.

3) You are expected to report back to the Delaware 4-H Foundation the outcomes (number served, etc.) within 90 days of the event.

4) You may be asked for documentation (e.g. invoices, registration, receipts).

Return this completed form by email to [de4h@udel.edu](mailto:de4h@udel.edu)