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