

4-H CLUB FUNDRAISING PROPOSAL

★ Submit to Solano County 4-H YDP staff 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 to be 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: _____

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

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: _____

DO NOT submit the proposal until the adult volunteer has completed & passed the required Food Safety Training. 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 and passed annual UC ANR food safety training.

Name: _____ Phone Number: _____

Email Address: _____

Date Volunteer Passed Food Safety Training _____

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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?

How will this fundraiser benefit the group or organization?

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

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

We confirm the accuracy of the information provided above.

Club Treasurer: _____ Date: _____
(Signature)

Club President: _____ Date: _____
(Signature)

Community Club Leader: _____ Date: _____
(Signature)

Director or Designee: _____ Date: _____
(Signature)

RETURN BY FOLLOWING THE INSTRUCTIONS BELOW:

Must submit at least 30 days prior to event for approval.

Once this form has **wet signatures**, please scan the completed form and upload using the following survey: <http://ucanr.edu/survey/survey.cfm?surveynumber=25300>