



## Jackson County 4-H Endowment Fund Grant Request



Date Submitted: \_\_\_\_\_  
(submit by 1<sup>st</sup> of month)

Please return the application to: Jackson County Extension Office, 201 W. Platt St.,  
Maquoketa, IA 52060 Questions: (563) 652-4923

Person(s) submitting request: \_\_\_\_\_ 4-H Affiliation \_\_\_\_\_ (leader, superintendent, 4-H'er etc.)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Project: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Other Funding Amount: \$ \_\_\_\_\_ Sources: \_\_\_\_\_

Total Cost of Project: \$ \_\_\_\_\_

Budget: (specific estimates of fund use) \_\_\_\_\_

Number of youth/volunteers served by expenditure: \_\_\_\_\_

Projected Outcomes/Impact of the Expenditure: (use back of sheet if necessary)  
\_\_\_\_\_

**\*Please provide a one-page or less description of your project and attach it to the application.**

Person(s) who will provide follow-up report to Endowment Committee \_\_\_\_\_

(For office use only)

Date Considered by YC: \_\_\_\_\_ Approved: YES NO

Subject to the following change: \_\_\_\_\_

\_\_\_\_\_  
Youth Committee Chairman

\_\_\_\_\_  
County Extension Education Director

Date Considered by Endowment Committee: \_\_\_\_\_ Approved: YES NO

Level of Funding Approved: \$ \_\_\_\_\_

\_\_\_\_\_  
Extension Council Approval