



Community Improvement Program

sponsored by
Pioneer Hi-Bred International, Inc.
in conjunction with
Iowa 4-H and Youth Programs



Due in County Extension Office by December 1 and in State 4-H Youth Office by January 7.

If this MSWord.doc form does not look right, please print out the Adobe PDF version and type or write your responses on the form.

- Read and follow directions on the accompanying "Pioneer Tips".
- This application should be written by the 4-H'er in charge of the project and typed if possible. Submit one copy to your county Extension office. Be as specific as possible with regard to plans and budget.
- A letter of support from the governing board of the project location must accompany the application.
- **Do not** attach additional information unless it is essential for an understanding of your proposed project.
- Do include a letter of support from the governing agency benefiting from your project.

Name of 4-H Club: _____

County: _____ **Number of 4-H members in club:** _____

Project chairperson (4-H'er) and complete address: _____

Phone: _____ **E-mail:** _____

Adult leader and complete address: _____

Phone: _____ **E-mail:** _____

Statement of Need: Describe your project in one or two sentences and why it is needed in your community.

Goals of Your Project: What knowledge, attitudes and skills does your 4-H group expect to learn through this project?

Methods: Describe what you plan to do to meet the needs and accomplish your goals. Include a timetable of the project.

Involvement in Project: What part will 4-H members play in planning and carrying out the project? What will other individuals, service organizations and agencies do on this project?

Evaluation: How will you measure how successful your project was?

Proposed Budget: Give expected income and expense for this project for one year.

<u>Expected Income</u>		<u>Expected Expenditures</u>	
<u>Sources</u>	<u>Amount</u>	<u>Items</u>	<u>Amount</u>
Pioneer Grant	\$ _____		\$ _____
(amount requested from Rural Community Improvement Program)	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____		\$ _____
*Total	\$ _____	*Total	\$ _____

***The two totals must be the same.**

Date of application: _____

Signature of project chairperson (4-H'er): _____

Signature of adult volunteer leader: _____

Comments by county Extension staff member:

Signature of county staff member: _____

IOWA STATE UNIVERSITY
University Extension

Extension programs are available to all without regard to race, color, national origin, religion, sex, age, or disability.