Pioneer Seed Grant
Iowa 4-H Club Community Improvement Projects
sponsored by Pioneer and the Iowa 4-H Foundation
in conjunction with
Iowa 4-H and Youth Programs
www.extension.iastate.edu/4h/serve/grants.htm

Due in County Extension Office by January 16 and in State 4-H Youth Office by January 30.

- Read and follow directions on the accompanying “Pioneer Tips”. Be as specific as possible with regard to plans and budget.
- This application should be filled out by the 4-H'er(s) in charge of the project. Submit one copy to your county Extension office, as their signature and comments are very important.
- This is an editable document in MSWord.doc format; boxes will expand with typing. Place cursor in box and enter response. If your computer does not support MSWord.doc, please try the .rtf format or Adobe .pdf.
- **A letter of support** from the governing board of the project location **MUST** accompany the application.
- Do not attach additional information, other than the letter of support, unless it is essential for an understanding of your proposed project.

Name of 4-H Club: 

County: [ ] Number of 4-H members in club: [ ]

Project chairperson (4-H’er) and complete mailing address:

Phone: [ ] E-mail: [ ]

Adult leader and complete mailing address:

Phone: [ ] E-mail: [ ]

**Statement of Need**: Describe the problem/issue in your community you wish to address.

**Proposed Project**: Describe your project in one or two sentences. Tell how your project will address this identified need. Who or how many will benefit from this project?

**Goals for Your Club**: What knowledge, attitudes and skills does your 4-H group expect to learn through the different stages of 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? Describe assignments and responsibilities to include all members. What will other individuals, service organizations and agencies do on this project?

**Evaluation Plan:** How will you measure the outcomes of your project? How will you determine if you met your goals? What is your plan for sharing your accomplishments?

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

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<thead>
<tr>
<th>Estimated Project Funding</th>
<th>Estimated Project Expenses</th>
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<tbody>
<tr>
<td>Sources</td>
<td>Amounts</td>
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<tr>
<td>Pioneer Seed Grant</td>
<td>$</td>
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<tr>
<td>(amount requested from Community Improvement Program, maximum = $500**)</td>
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<td>Additional Sources:</td>
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*The two totals must be the same.

**Amount requested from Pioneer should equal no more than half the budget, cannot exceed $500, or be below $50.

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: ________________________________

(please, also print name)

**Due in County Extension Office by January 16 and in State 4-H Youth Office by January 30.**