CEDAR COUNTY 4-H ENDOWMENT FUNDING REQUEST

Date __________________

Save & Email this completed form to coppess@iastate.edu

(Request must be rec’d in the Cedar County Extension Office by the 3rd Wednesday of February, May, August and November)

Person making the Request: __________________________________________________________

On behalf of

Individual ☐ Club ☐ County ☐

Description of the Project or Reason for the Request: ______________________________________

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Continue on back if needed

How will you or the group benefit from this funding: ______________________________________

____________________________________________________________________________________

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____________________________________________________________________________________

____________________________________________________________________________________

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Continue on back if needed

Email/Phone: ____________________________________________________________

Club Affiliation: ________________________________________________________________

Years in 4H (if applicable):_________

Total amount of funding requested  $____________________

If your request is funded you will be expected to complete a report that indicates how the dollars were spent (documentation to be provided) and what impact the funding had. Written confirmation will be sent to you with all applicable required reporting forms.

Date Rec’d ________

Initials ___________