Friends of Kossuth Youth & 4-H
Grant Program
Policies and Procedures

The Friends of Kossuth Youth and 4-H Foundation is a group of citizens networking to support, nurture and strengthen the 4-H and youth programs in Kossuth County.

The Friends of Kossuth Youth and & 4-H has established a grant program which will provide assistance to youth. This program is designed to encourage groups to undertake and carryout projects which will benefit the community. This is only to provide seed money and is not intended to provide the only dollars to fund projects. The following is a list of general policies and procedures regarding this grant program:

1. The project must originate in Kossuth County, Iowa and must benefit Kossuth County youth.
2. The grants are limited to youth organizations.
3. The group involved must complete the application and have it to the address below before the deadline date.
4. Funds received that go toward any printed material must state that the project is co-sponsored by the Friends of Kossuth Youth & 4-H.
5. The Friends of Kossuth Youth & 4-H will provide assistance up to $500. The amount granted must be at least matched by the applicant before the grant money is awarded. Maximum of $4,000 to be awarded per year.
6. The project and funds must be completed within six months from the time of the award. Special exceptions would need to be approved by the board at the time of grant application or approval.
7. Deadlines for grant applications are:
   January 1   April 1   July 1   October 1
8. Grant applications can be submitted by mail or in person to:
   Ronda Gray
   3405 185th Ave
   Titonka, IA 50480
9. Applicants will receive notification from the Friends of Kossuth Youth & 4-H’s decision within four weeks of the stated deadline.
10. Grant recipients (youth members) will be required to give a short presentation giving details of the completed project at a Friends of Kossuth Youth and 4-H meeting.
11. The Friends of Kossuth Youth & 4-H grants will not be considered for the following:
   Recognition item       Annual fund drives
   Uniforms or shirts      Refreshments
Friends of Kossuth Youth & 4-H Grant Application

Youth Group Name: ____________________________________________

Briefly describe your project including when and where the project will take place
______________________________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________

How will funds from the Friends of Kossuth Youth & 4-H be used______________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________

How will your group raise matching funds?______________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________

Evaluation: How will you know your project made a difference and benefited your community?.
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

How will your project impact your group and the community?______________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________

What other community resources will you use?___________________________________________

________________________________________________________________
________________________________________________________________
________________________________________________________________
Friends of Kossuth Youth & 4-H Grant Application

1. Name of Youth Group_____________________________________________________
   Contact Person’s Address_________________________________________________

2. Project Participants:
   Youth Leaders:* ______________________ Phone:_________________________
   ______________________ Phone:_________________________
   ______________________ Phone:_________________________
   ______________________ Phone:_________________________
   Adult Leader: ______________________ Phone:_________________________
   * Primary contact

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

<table>
<thead>
<tr>
<th>Sources</th>
<th>Amount</th>
<th>Items</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends request</td>
<td>_________</td>
<td>_________</td>
<td>_________</td>
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<tr>
<td>Other income</td>
<td>_________</td>
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*Total _________  *Total _________

*The two totals must be the same or expected expenditures must be greater than Friends request.

__________________________ __________________
Youth Leader Signature     Date

__________________________ __________________
Youth Leader Signature     Date

__________________________ __________________
Adult Leader Signature     Date

Office Use Only:
Date received _____ Date reviewed _____ Dollars requested _______ granted _______
Request denied _____ Notice and check sent _______ Evaluation presentation given _______
Person handling application ______________________________________________________