

La Crosse County 4-H Funding Request Form

Name _____ Club _____ Yrs in 4-H _____

Address _____ Zip _____ Phone _____

Name of trip/activity _____ Dates of trip/activity (include travel) _____

Is participation in this trip/activity: (Please check the category that best describes your participation)

___ I chose to participate ___ I applied and was selected by _____ ___ I qualified by _____

<u>Budget</u>	<u>Amount (\$)</u>	<u>Are these costs?</u>	
		<u>Actual</u>	<u>Estimated</u>
		(Check one)	
Registration Fees	_____	_____	_____
Transportation Costs	_____	_____	_____
Lodging	_____	_____	_____
Meals	_____	_____	_____
Program materials	_____	_____	_____
Other Costs (Please specify: Do NOT include personal phone calls, snacks, souvenirs etc)	_____	_____	_____
_____	_____	_____	_____
<i>Total</i>	_____	_____	_____
Amount received/requested from other sources*	_____	_____	_____
<i>Amount Requested</i>	_____	_____	_____

***Additional Funding:** Have you requested or received funding from other sources, such as your 4-H club, other clubs, service organizations, scholarships associated with the trip/activity, fundraising efforts etc.? Please itemize here and place total in the line in the budget above.

<u>Source</u>	<u>Amount (\$)</u>
_____	_____
_____	_____
_____	_____

Please describe your role/involvement in this trip/activity. Attach an agenda or program if possible.

Please describe how 4-H will benefit from your participation in this trip/activity.

Please note: If you feel you have a special need that you believe the committee should be aware of, please attach a sheet describing the need.