OTTAWA COUNTY 4-H - PARTICIPATION FEE GRANT FUND REQUEST

Name __________________________________________________

Phone _____________________   E-mail______________________

Club or Committee ________________________________________________
(priority given to multiple clubs, committees or collaborative groups)

Address ________________________________________________

Amount Requested: _________________ Amount of matching funds: ______________

Total Cost of proposal: ______________

Proposed use:  □ Educational materials books, DVDs, video etc (attach itemized list)

                        □ Workshop or seminar to be put on locally: (attach a description
                          including where it will be held, when, what will be taught and
                          who can attend.) How will funds be used for this?

                        □ Special material or equipment to be purchased (attach itemized
                          List and describe how this will be used and by whom)

                        □ Other (specify) ________________________________

Please describe how this grant will impact your 4-H club, members and/or our 4-H program.

How many 4-H members will be impacted directly by this grant? ______________

Due May 1st: Mail to Ottawa 4-H Council 333 Clinton Grand Haven, MI 49417