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| UA Div-R&E black-left | | | | | | | | **4-H Innovative Program Grants Proposal Form**  **4-H Foundation and 4-H Alumni Funds** | | | | | | | | FY4-H-134  10-16-2015 |
|  | | | | | | | | | | | | | | | | |
| **(Return to FY4-H at the State Office by first working day of April)** | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| Name of 4-H Group | | |  | | | | | | | | Amount Requested | | | |  | |
|  | | | | | | | | | | | | | | | | |
| Report Submitted by: Club | | | |  | | | | | | | County | | |  | | |
|  | | | | | | | | | | | | | | | | |
| Membership Composed of: | | | |  | 4-H Members | | | |  | Teen Leaders |  | Adult Leaders | | | | |
|  | | | | | | | | | | | | | | | | |
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|
| 4-H Leader | | | | | | County | | | | | | County Extension Agent | | |
|  | | | | | | | | | | | | | | | | |
| (Club proposals should be signed by the main 4-H leader and county Extension agent. County proposals should be signed by county Extension agents only.)  Innovative Program Grants are awarded to counties for the purpose of providing financial support for projects (educational or community service). Counties or clubs can receive up to $200 per year. Priority is given to educational programs and community service projects that teach youth skills and/or provide a service to the community. | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
|  | | Statement of Need, Problem or Concern (What needs are to be met and why.) | | | | | | | | | | | | | | |
|  | 1. |
|  |  |  | | | | | | | | | | | | | | |
|  |  | Objectives/Goals. (Describe what the planned outcome of the program will be, number of people to be reached, etc.) | | | | | | | | | | | | | | |
|  | 2. |
|  |  |  | | | | | | | | | | | | | | |
|  | 3. | Methods. (Describe how your group will accomplish the goals, objectives, including: time schedule, resources needed, and involvement of local people.) | | | | | | | | | | | | | | |
|  |  |  | | | | | | | | | | | | | | |
|  |  | Evaluation. (Describe how you will determine to what degree your objectives/goals have been met.) | | | | | | | | | | | | | | |
|  | 4. |
|  |  |  | | | | | | | | | | | | | | |
|  |  | Additional Information Regarding Proposed Program. (Why do you think your proposal should be approved, other details, etc.) | | | | | | | | | | | | | | |
|  | 5. |
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|  | 6. | Participation | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  |  | Estimated number of people to be involved in completing this program: | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  |  |  | 4-H Members |  | Adult Leaders |  | Parents | | |  | | Other |
|  |  |  | | | | | | | | | | |
|  |  | Total estimated number of people to benefit from the completed program | | | | | |  | | |  | |
|  |  |  | | | | | | | | | | |
|  | 7. | Budget | | | | | | | | | | |
|  |  |  | | | | | | | | | | |
|  |  | Itemize Expenses | | | | | | | | | | |
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|  |  | Itemize Sources of Income and/or In-Kind Services Including Amount of Grant Requested. | | | | | | |  |  | | |
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| The Arkansas Cooperative Extension Service offers its programs to all eligible persons regardless of race, color, sex, gender identity, sexual orientation, national origin, religion, age, disability, marital or veteran status, genetic information, or any other legally protected status, and is an Affirmative Action/Equal Opportunity Employer. | | | | | | | | | | | | |