

# CLUB FUNDRAISING PROPOSAL

† Submit to Solano County 4-H YDP staff at least 30 days prior to event for approval †

Club Name: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Person Email Address: \_\_\_\_\_

Fundraising Activity & Location: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ Product being sold/services to be rendered \_\_\_\_\_

Chairman (Adult): \_\_\_\_\_ Chairman (Member): \_\_\_\_\_

Fundraising Activity Area (Community-City, county, school, etc.): \_\_\_\_\_

What project or club account will benefit from the fundraiser? \_\_\_\_\_

Current balance in the club or sub-account: \_\_\_\_\_

Was this fundraiser included in the approved budget submitted to 4-H YDP staff?

(check one)  Yes  No

Anticipated Use of Funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe how the 4-H Name and Emblem will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Projected Income: \_\_\_\_\_

- Projected Expense: \_\_\_\_\_

= **Projected Profit:** \_\_\_\_\_

If your club/project is ordering products from a manufacturer, please complete the following:

Manufacturing Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**If the fundraiser involves serving food or selling food, list the contact information of the 4-H adult volunteer who will be participating at the event and who has completed and passed annual UC ANR food safety training.**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date Volunteer Passed Food Safety Training \_\_\_\_\_

**Continued on back**

Are you doing this fundraiser in support of outside groups or organizations? (check one)

Yes       No

If you checked yes, please answer the questions below:

What group or organization will this fundraiser benefit?

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How will this fundraiser benefit the group or organization?

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Please describe how you determined what the needs of the group or organization are:

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What are you planning to do with the items or money collected to support this group or organization?

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*We confirm the accuracy of the information provided above.*

Club Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*

Club President: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*

Community Club Leader: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*

Director or Designee: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Signature)*



**RETURN TO:**

SOLANO COUNTY 4-H

Attn: Valerie Williams, Program Representative

501 Texas St., 1<sup>st</sup> Floor

Fairfield, CA 94533