



Institute of Food and Agriculture Sciences Extension  
Columbia County



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## FUNDRAISER REQUEST FORM

4-H CLUB REQUESTING PROPOSED FUNDRAISER: \_\_\_\_\_

CLUB LEADER: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

DATE OF PROPOSED FUNDRAISER: \_\_\_\_\_

LOCATION OF FUNDRAISER: \_\_\_\_\_

IF HELD DURING FESTIVAL /FAIR/ ETC. DOES CLUB NEED TO PURCHASE INSURANCE?    YES        NO

DETAILED DESCRIPTION OF PROPOSED FUNDRAISER: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PURPOSE OF FUNDS TO BE RAISED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAMES OF TWO (2) LEVEL-TWO NON-RELATED\* ADULTS RESPONSIBLE AND ON-SITE AT ALL TIMES:

\_\_\_\_\_

I understand the following: 1. All funds raised, earned, or otherwise obtained, using the 4-H name and emblem, are property of the University of Florida/IFAS Extension 4-H Youth Development Program. 2. Funds are to be raised only to further the educational goals of 4-H. Approval for fundraising activities will be at the discretion of the County Extension Director/ 4-H Agent, or the State 4-H Program Leader for district/statewide 4-H fund raising. 3. Any 4-H organization, at any level within the state, is accountable to the University of Florida and USDA, and is obligated to follow all policies, procedures and regulations established by the University of Florida/IFAS Extension 4-H Youth Development Program. 4. All 4-H program funds, including all 4-H Clubs with funds in excess of \$100, shall be held in the authorized 4-H Association. Source:

<http://florida4h.org/policies/#funds>. Percentage or amount of funds retained by Association account should be addressed in the detailed description. These retained funds will be used specifically for activities that somehow contribute to growth of our program and our youth. \*Program coordinators will ensure that they always have two authorized level two enrolled individuals who are non-related present during any interactions with youth. Source: <http://florida4h.org/policies/#chap>.

SIGNATURE OF LEADER \_\_\_\_\_ DATE \_\_\_\_\_

APPROVAL BY AGENT \_\_\_\_\_ DATE \_\_\_\_\_

Please fill in form completely and return 14 days in advance of proposed fundraiser (unless otherwise arranged and discussed) to UF/IFAS Extension Office, Attn: Heather Janney, CED/4-H Extension Agent, 971 W Duval St., Suite 170, Lake City, FL 32055 or [hfutch@ufl.edu](mailto:hfutch@ufl.edu).