



Iowa 4-H Foundation Pilot Program Grant Application Form

About Your Proposal

Refer to www.iowa4hfoundation.org/programgrants for full grant details.

Proposal Name:

Submitted By:

Email:

example@example.com

Your Role:

CYC, YPS, etc

County:

Other staff involved in the project (if applicable):

Which 4-H Foundation Strategic Priority does your proposal align with? You may check more than one.

- Opportunity for All: Proposals that support reaching new audiences, providing access to 4-H and engaging all young people.
- Meeting the Needs of Youth: Proposals that support recruiting and retaining youth in long-term engagement opportunities that maximize the impact and benefit of participation.
- Support for Innovative programming and local programming: Proposals that solve problems in an innovative way or that help to grow local staff capacity.

Does this application include use of a curriculum that has been submitted through the Iowa 4-H Program Development Vetting Process?

- Yes
- No
- In Progress

Est. Number of Youth Served by proposal:

Est. Number of Contact/Program Hours Per Youth reached:

About Your Project Proposal

In detail, please outline the project. Include information about what need will be met through the program and how the program will operate.

Type here...

Outline at least one goal for this project. Include expected outcomes for each goal.

Outline your plan of work and timeline for the three year funding period.

What strategies does this project employ to retain current and recruit new 4-H members/participants?

Type here...

How will you quantitatively & qualitatively measure the success/program impact of this program?

How does this proposal address the challenge of growing 4-H in your county?

How is this project different from your existing efforts around 4-H recruitment and retention? What innovative approaches will this project utilize?

Type here...

What partnerships have you developed or will you need to develop to achieve the goals of this proposal?

Optional: Attach additional documents as needed.



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Tell Us About Your County and Your 4-H Program

Provide the following information for your county. We recommend you use the most recent Data for Decision Makers.

How many total youth are served by your county program?

e.g., 23

Number of youth receiving any 4-H programming in the last program year

This number is:

- Increased from last year
- Decreased from last year
- Approximately the same

How many youth receive at least 6 hours of programming?

e.g., 23

In the last program year

This number is:

- Increased from last year
- Decreased from last year
- Approximately the same

How many staff support the 4-H Program in your county?

e.g., 23

Explain.

Outline positions supporting your program and the amount of time they have allocated to support 4-H.

Participation by Race/Ethnicity

	Number of 4-H Participants	Percent of 4-H Participants	Percent of School Enrollment
American Indian	<input type="text"/>	<input type="text"/>	<input type="text"/>
Asian	<input type="text"/>	<input type="text"/>	<input type="text"/>
Black	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hawaiian/Pacific Island	<input type="text"/>	<input type="text"/>	<input type="text"/>
More than one race	<input type="text"/>	<input type="text"/>	<input type="text"/>
White Non Hispanic	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Youth Population

e.g., 23

Public School K-12 Enrollment

e.g., 23

Percent of Student Enrollment on Free & Reduced Lunch

e.g., 23

Combined number of free and reduced

Total school enrollment by English Language Learners

e.g., 23

Most recent data

Program Budget Form

Complete the accompanying budget workshop and upload below.

Upload the completed budget sheet here:



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Notes or additional information:

Required Additional Documentation

Attach letter of support from County Extension Council *



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**Attach letter of support
from 4-H Youth Program
Specialist ***



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**Optional: Attach additional
documentation if
necessary.**



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Questions?

Contact Emily Saveraid 515.294.1552 or email esaver@iastate.edu

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