Sussex County 4-H Fundraising Committee
Mini-Grant Guidelines

Through funds received from our annual Sussex County 4-H Spaghetti Dinner and Auction fundraiser, the Fundraising Committee has made funds available to Sussex 4-H members, leaders and clubs. Each application for funding will be evaluated and approved by the Sussex 4-H Fundraising Committee. Clubs and individuals may not ask for deficit funds or fundraising monies.

In the attached application, please outline what you intend to use the funds for and provide a detailed budget. Funds should be used to better the entire Sussex County 4-H program. All expenditures must be documented and expended within one year of the funded award. Applicants can have the opportunity to come before the committee to answer any questions.

If funds are granted, the individual or club must provide a report to the Sussex 4-H Fundraising Committee within 45 days of the money being spent along with detailed receipts and photographs. Individuals and clubs will be required to turn in any unused funds as well.

Deadline to submit application: April 1 and November 1
(Applications submitted after these dates will be held until the next round of applications are due)

Completed application should be submitted to:
Sussex 4-H Fundraising Committee
16483 County Seat Hwy.
Georgetown, DE 19947
Sussex County 4-H Fundraising Committee
Mini-Grant Application

Name of Club or Individual: ________________________________________________

Project Name: ____________________________________________________________

Address: ______________________________________________________________________________

Contact Person: ____________________________________________________________

Title: _____________________________________________________________________________

Phone: __________________________ Email: ____________________________

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FUNDING REQUEST

Total Funding Request: ____________________________

Timeline of when money will be used (within 1 year): __________________________

PROGRAM DESCRIPTION

PROGRAM CATEGORY (Choose all that apply)

☐ Civic Engagement  ☐ Healthy Living  ☐ Science  ☐ Leadership

☐ Needs based scholarship (for those who may need financial help for county camps)

BENEFICIARY NUMBER

(Approximate number of individuals served by this program)

__________
PROGRAM SCOPE
Briefly describe the need for the funds requested. Include why funds are needed, how the funds will benefit Sussex 4-H members and if this is a one-time or yearly ask.
<table>
<thead>
<tr>
<th><strong>BUDGET</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>REVENUE</strong></td>
</tr>
<tr>
<td>Please tell us the current support you or your club receive for this project.</td>
</tr>
<tr>
<td>Total Revenues</td>
</tr>
<tr>
<td><strong>EXPENDITURES</strong></td>
</tr>
<tr>
<td>Please write the total projected budget for this project.</td>
</tr>
<tr>
<td>Total Expenditures</td>
</tr>
</tbody>
</table>
STATEMENT OF ASSURANCE

If this grant is awarded, ____________________________ agrees that:

(Name of individual or club)

1. All expenditures must have documentation and be expended within one year of receipt of awards. The funding must be used with the anticipated funds set forth in the submitted application and budget. Accounting records and documents should be available for inspection by the Sussex County 4-H Fundraising Committee within 45 days after the funds are expended.

2. It is the policy of the Delaware Cooperative Extension System that no person shall be subjected to discrimination on the grounds of race, color, sex, disability, age or national origin.

3. All information in this application is accurate and complete.

4. All funding will benefit the Sussex County 4-H program, clubs and individuals.

5. In the event the awarded funding is used in violation of the requirements of this grant, the awarded funding will be reimbursed to the Sussex County 4-H Fundraising Committee within a timeframe designated by written notice by the Fundraising Committee.

_____________________________________________  ______________________
Applicant Signature                                  Date

_____________________________________________  ______________________
Witness Signature                                    Date