**Trempealeau County 4-H Funding Request/Reimbursement Form**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Club**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Years in 4-H**: **\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Zip**: **\_\_\_\_\_\_\_\_\_** **Phone: \_\_\_\_\_\_\_\_\_\_\_**

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

**Name of Trip/Activity**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Dates of Trip/Activity** (include travel) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Participation in this Trip/Activity:** (Please check the category that best describes your selection process)

I chose to participate I applied and was selected by \_\_\_\_\_\_\_\_\_\_\_\_ I qualified by \_\_\_\_\_\_\_\_\_\_\_\_

**Activity Information Amount ($) of Activity Amount Requested**

Registration Fee(s) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Additional Activity Costs:\* **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Lodging & Meals reimbursable at current WI per diem rates & outside of covered program costs, etc)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Please list which additional activity cost(s) you are requesting funds for and the amount separate on the line above.

*\*\*Project Leaders: If you are seeking reimbursement, Proof of Purchase must accompany this request.*

***Total*****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Funding**

Have you requested or received funding from other sources (4-H club, other clubs, service organizations, scholarships, fundraisers, etc.) for this trip/activity? If so, please list source(s) and place total amount received in the line below.

**Source(s)** **Amount ($)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please describe your role/involvement in this Trip/Activity. Attach an Agenda or Program if possible.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Please describe how your 4-H Club, Community and County will benefit from your participation in this trip/activity. (You may use the back of this sheet if needed)**

**Youth Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please note: If you have a special financial need that you believe the committee should be aware of, attach a sheet to describe.*

**Club Leader Complete: Is applicant in good club standing regarding attendance and participation?**

 **Yes**  **No Club Leader Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- |
| **Wisconsin State Fair Participation Reimbursement:**  *The 4-H Executive Board has changed the policy to provide funding for individuals and groups that perform, work, or exhibit at the Wisconsin State Fair. Each participant will be reimbursed $25.00 per activity they participated in. This portion is to be completed and submitted by the Club’s General Leader to receive reimbursement.*  Individual Participant:  \_\_\_\_ Exhibitor \_\_\_\_\_ Action Centers or Demonstrations \_\_\_\_\_ Other  \_\_\_\_\_ Participant x $25.00 = \_\_\_\_\_\_ TOTAL  Group Participants:  \_\_\_\_ Musical \_\_\_\_\_ Drama \_\_\_\_\_Other  \_\_\_\_\_# of participants that performed x $25.00 = \_\_\_\_\_ TOTAL  Please attach a list of names of the individuals that participated. |