

**Nebraska 4-H Shooting Sports
National Wild Turkey Federation
Resource Reimbursement Application**

<u>Return to:</u> State 4-H Office Attn: Shooting Sports Program 114 Ag Hall Lincoln, NE 68583-0700	<u>Application Deadline:</u> December 31, 2009
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Name of Organization: _____ Date: _____

Contact Person: _____ Title: _____

Mailing Address: _____

City _____ State _____ Zip _____

Telephone: _____ Fax: _____ e-mail: _____

Have you received funding from other organizations within the last year? Yes or No

If yes, total dollar amount received: \$ _____

Will you be able to complete your objective if only partially funded? Yes or No

Proposal Title: _____ Number of youth in club: _____

Requested Amount: \$ _____ Total project/activity cost: \$ _____

If funded, **make check payable to:** _____

A. Program/Project: (In one clear, concise paragraph, please describe the program/ activity for which you are requesting these funds. Note specific county/location in which program/project will take place.)

B. Audience: (Please describe the audience or group who will directly benefit from this project/program. Include projected numbers by age, gender and race.)

C. Project/Program Goals: (In measurable terms, state specific goals of this project/program.)

D. Statement of Need: (In one paragraph, please explain why funds are needed and identify additional resources available to support the project.)

E. Background: (Briefly describe your current 4-H Shooting Sports program. Include number of youth and volunteers participating and number of instructors certified at the county level.)

F. Budget: (Estimate the cost of this project/program.)

Budget Item	Total Cost	Reimbursement Requested
Totals		

G. Please list two references:

1. Name _____ Phone _____

Title _____ Business _____

Address _____ City _____ State _____ Zip _____

2. Name _____ Phone _____

Title _____ Business _____

Address _____ City _____ State _____ Zip _____

(Signature) Contact completing form

Title

For Office Use		
Amount Requested _____	Award Amount _____	Date _____
Purpose: _____		