# NEBRASKA 4-H GIVES BACK

## Report

Use Times New Roman, 12 point, single-spaced formatting for your proposal.

Attach additional pages as needed.

Team Members \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***4-H MEMBER/TEAM REPRESENTATIVE***

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age (as of January 1 of this year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Years in 4-H (including this year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4-H Membership:

0

 Club Camp Afterschool School Enrichment Special Interest Independent

**Project Title:**

1. Overview
2. Resources
3. Timeline
4. Time Log
5. Approvals & Permits (if necessary)
6. Evaluation Results/Letters of Appreciation
7. Evaluation Plan
8. What I Have Learned
9. Media Summary Statement
10. Photos

**I have reviewed this proposal and find it complete and accurate.**

4-H Member/Team Representative Signature Date

Parent/Guardian Signature Date

4-H Leader Signature Date

Please print, sign and mail completed report to your local Extension office. Do not email.

***NEBRASKA 4-H GIVES BACK ADVISORY COMMITTEE***

**The local committee has reviewed and approved this proposal.**

Committee Chair Signature Date

4-H Staff Signature Date

***NEBRASKA 4-H PROGRAM ADMINISTRATOR (OR DESIGNEE)***

**I have reviewed and approved this proposal.**

Program Administrator Signature Date