

County 4-H Fund-Raiser Application

The group treasurer or 4-H leader must **complete and return this form to the 4-H staff** in the county Extension office for approval **at least 10 business days before any fund-raising activities can be held.**

4-H Group name _____

If the group is contemplating holding a fund-raiser, we strongly encourage the group to discuss the following items before completing the application below:

- What, specifically, are the funds being raised for?
- Put in writing how and when a member will qualify to benefit from the funds.
- How much money is needed?
- How will the group keep track of funds raised? Identify the member(s) who will manage this task.
- What will the group do if enough funds are not raised to meet the group's goal? What if the group raises more funds than are needed?
- Understanding that funds raised are for the total group (not for individuals based on their level of participation in the fund-raiser), be sure to discuss how the group will handle it if some members raise fewer funds or are less active in the fund-raising activity than others.

Addressing these things ahead of fund-raising will ensure all participants agree with the fund-raising goals and reduce the probability of disagreements later.

Group's address _____ Phone _____

Person making request: _____ Phone: _____ Email: _____

Educational program funds will be used for _____

What is the proposed fund-raising activity? _____

Will the group be selling tangible, personal property (for example, craft items, tack, cookbooks, calendars, plat books, bulletins and food that will be consumed immediately such as concession stand sales)?

____ Yes ____ No **If yes, the group must collect sales tax. For further information about collecting and remitting Michigan sales tax, refer to pages 23 and 24.**

What is the fund-raiser's educational value to the members? _____

Where is the proposed fund-raising activity to be held? _____

Proposed starting date of the activity: _____ Time: _____

Expected ending date of the activity: _____ Time: _____

(If it is an ongoing activity, the end date must be on or before August 31 of the current year.)

For Office Use Only:

Approved _____ Date Notified _____

County 4-H Fund-Raising Report Form

Complete and return this form to the _____ County 4-H staff **within 10 business days after the approved fund-raising activity.**

4-H Group name _____

Group address _____ Phone _____

Person making report: _____ Phone: _____ Email: _____

What was the approved fund-raising activity? _____

Where and when did the approved fund-raising activity take place? _____

What knowledge did the group gain through this activity? _____

What skills did the group develop from participation in the fund-raising activity? _____

Income from approved fund-raising activity \$ _____

Expenses from approved fund-raising activity **minus** \$ _____

(List general expenses below)

Sales tax collected on tangible, personal property* **minus** \$ _____

*For example, craft items, tack, cookbooks, calendars, plat books, bulletins and food that will be consumed immediately such as concession stand sales.

Calculate the amount of tax due as follows: Divide the income by 17.67 (Income: _____ ÷ 17.67 = _____).

It is wise to hold these funds aside in the group's treasury so they are available when the payment is submitted in the fall. **Be sure to include the income and expenses in the group's Annual Financial Summary Report (AFSR). The amount of the check will be reflected as an expense on next year's AFSR. If the group remits the tax with a check, make it payable to "Michigan State University."**

Profits from approved fund-raising activity **equals** \$ _____

Prize Winners

If prizes were awarded, complete the information below. Attach a separate sheet, if needed. **Note:** Prizes valued at \$600 or more require the recipient complete IRS Form W-9 for calendar-year tax reporting. Attach the W-9 to this report. MSU will issue an IRS Form 1099-MISC in January.

Name	Prize	Prize Value (Actual or Fair Market Value)

Return to:

Staff Name _____ Address _____