



# Annual Request to Assess County or Unit 4-H Participation or Program Fees

7/2009

4-H Unit/Council Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Directions: Review the guidelines, complete the following questions and submit with your 4-H unit or council annual budget for county 4-H YDP staff review and county director approval.

*The following guidelines should be used in considering the establishment of a unit or county 4-H program fee:*

- All participant program fees must be approved annually **prior** to charging fees.
- *All activities for which fees are charged must be consistent with the mission and current program direction of ANR and the 4-H YDP and conform to all UC, ANR and 4-H YDP policies.*
- *All fees must be appropriately accounted for in the annual peer review audit.*
- *ANR programs are open to clientele regardless of their ability to pay. Provisions must be made to reduce or waive fees when an individual is unable to pay. Brochures and materials listing a program fee must also state that the fee will be reduced or waived when an individual makes it known that they are unable to pay the fee.*

1. Describe why a 4-H participation or program fee is preferred to the educational experience of a planned youth fundraising activity (planning, implementation and evaluation as well as operating within a budget).

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

2. Describe why a 4-H participation or program fee is necessary.

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\_\_\_\_\_  
\_\_\_\_\_  
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3. How would the funds raised through the fee be used?

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4. What methods will you use to document that the fees will be used for the intended purpose?

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5. What methods will you use to publicize and assure that all youth and adults have access to the 4-H YDP regardless of their ability to pay?

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6. The fee amount request is \$\_\_\_\_\_ and will be asked:

\_\_\_\_\_ per member \_\_\_\_\_ per family \_\_\_\_\_ per adult volunteer and member

**Signatures**

Organization Unit Volunteer \_\_\_\_\_ date \_\_\_\_\_

Unit or Council President \_\_\_\_\_ date \_\_\_\_\_

**Reviewed by:**

County 4-H YDP Staff \_\_\_\_\_ date \_\_\_\_\_

**Approved by:**

County Director \_\_\_\_\_ date \_\_\_\_\_