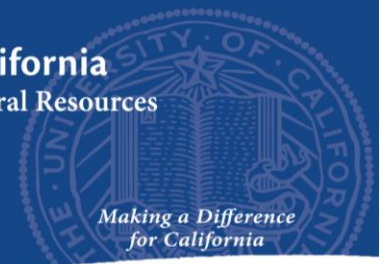


# Proposal for New State 4-H YDP Event/Activity/Competition

1/2014

University of California  
Agriculture and Natural Resources



Please complete and submit this form to:  
University of California, Agriculture and Natural Resources  
California State 4-H Office  
2801 Second Street  
Davis, CA 95618

Title of proposed event: \_\_\_\_\_

Please describe event in 250 words or less (Overall summary of the event).

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

What are the expected benefits for the participants?

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

Date and time of proposed event: \_\_\_\_\_

Name and contact information for the planning team. *(Note: the planning team must include at least one 4-H YDP staff person, an adult volunteer, and a youth).*

4-H YDP Staff Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_

Adult Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_

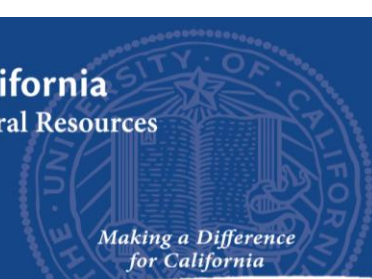
Youth Name: \_\_\_\_\_

Address: \_\_\_\_\_



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Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Signature: \_\_\_\_\_

\*For additional participants, please attach contact information on a separate paper.

Please indicate the primary contact: \_\_\_\_\_

Signature of the Statewide 4-H Director: *(By signing the Director acknowledges that they are aware of the proposed event and willing to support the necessary facility use and insurance requirements).*

\_\_\_\_\_

Provide link to websites that might provide additional information, if available:

\_\_\_\_\_

## EVENT IMPLEMENTATION

How many 4-H YDP youth and adult volunteers have offered to help with this event?

\_\_\_\_\_

How many 4-H YDP staff, youth and adult volunteers will be needed to implement this event?

*(Please note: We will look for a youth:adult ratio of at least 10:1 for senior members; 8:1 for junior and intermediate members; 6:1 primary members)*

Will the Management Board and/or Area Committees be involved? If so, how?

\_\_\_\_\_

## FOR RECURRING EVENTS

Is this a recurring event? Yes No

If yes:

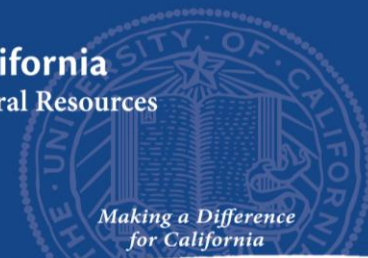
How often will it be repeated? \_\_\_\_\_

Describe how it will be sustained beyond the first year.

- *What is/will be the process for passing on the leadership for the program?*
- *Is there (or will there be) a procedures manual available?*
- *What are the plans to secure sustainable funding?*

\_\_\_\_\_





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**PARTICIPANT INFORMATION**

Describe the target audience, including age/grade level: \_\_\_\_\_

---

How many youth/adults are expected to participate in the event? \_\_\_\_\_

Youth: \_\_\_\_\_

Adults: \_\_\_\_\_

Is there a cost to participants? If so, what is the estimated cost? \_\_\_\_\_

Is there an application or qualification process (*i.e.*, enrollment in a project area, staff approval, etc.) for determining eligibility for participation? If so, please describe.

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**LOCATION/SAFETY**

Location of event:

City: \_\_\_\_\_ County: \_\_\_\_\_

Name/type of facility: \_\_\_\_\_

Is the location easily accessible by major highways/roads? \_\_\_\_\_

How close is the nearest airport? \_\_\_\_\_

Are all facilities ADA (American Disabilities Act) compliant? \_\_\_\_\_

What safety precautions have been or will be taken? (*Keep in mind specific needs for this particular event*) \_\_\_\_\_

How will appropriate youth supervision be provided? \_\_\_\_\_

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**FINANCIAL INFORMATION**

On a separate sheet, please include a detailed budget for this event including expenses, income, and in-kind support (*e.g.*, registration cost, facility costs, travel, meals for participants). See *4-H Treasurer's Manual* for example of budget form.





What unit or group is accepting fiduciary responsibility for the event? \_\_\_\_\_  
\_\_\_\_\_

If there are proceeds from the event, what are the plans for them? \_\_\_\_\_  
\_\_\_\_\_

Will there be fundraisers at the event? If so, please describe. \_\_\_\_\_  
\_\_\_\_\_

Are there scholarships and/or financial aid available? If so, please describe \_\_\_\_\_  
\_\_\_\_\_

**YOUTH DEVELOPMENT COMPONENT**

What will participants learn at this event? (See the [UC 4-H YDP Framework](#) for youth development and educational outcomes.)  
\_\_\_\_\_  
\_\_\_\_\_

What authentic leadership roles will youth play in planning, implementing, evaluating and fundraising for this event? \_\_\_\_\_  
\_\_\_\_\_

How will 4-H members share what they learned when they return to their home counties?  
\_\_\_\_\_  
\_\_\_\_\_

How does the event support the [4-H YDP Mission & Direction Program Criteria](#)? (Please attach checklist)  
\_\_\_\_\_  
\_\_\_\_\_

**EVALUATION**

How will this event be evaluated? \_\_\_\_\_  
\_\_\_\_\_

When? \_\_\_\_\_

Who is responsible for evaluating the event? \_\_\_\_\_  
\_\_\_\_\_





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How will it be demonstrated that the event was successful with regards to the youth development goals described in the previous section? \_\_\_\_\_  
\_\_\_\_\_

Who is responsible for submitting post-event information and evaluation data to the State 4-H Office? \_\_\_\_\_

**MARKETING AND VISIBILITY**

How and when will the event be publicized? \_\_\_\_\_

How will donors be recognized? \_\_\_\_\_

**ADDITIONAL QUESTIONS FOR COMPETITIVE EVENTS**

What additional benefits are obtained because of the element of competition? \_\_\_\_\_  
\_\_\_\_\_

Is there a pre-qualifying competition for this event? (*Please name the event*): \_\_\_\_\_  
\_\_\_\_\_

If YES....Is there an existing competition to meet minimum requirements for state competition (*if applicable*)? \_\_\_\_\_  
\_\_\_\_\_

If NO...

Are there resources available to start one? \_\_\_\_\_

Or, is there an alternate means of selection? \_\_\_\_\_

Does the state competition meet minimum requirements for national competition (*if applicable*)? (*Please name national competition*). \_\_\_\_\_  
\_\_\_\_\_

What events or trainings exist at the local or sectional level to prepare youth for this competition? \_\_\_\_\_  
\_\_\_\_\_

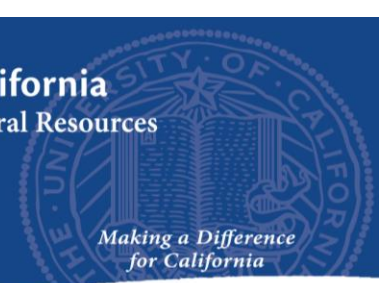
When and how will judges be trained? How will the qualifications of the judges be assessed? \_\_\_\_\_  
\_\_\_\_\_



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How will the judging criteria be made available to the participants in advance of the event? \_\_\_\_\_  
\_\_\_\_\_

How will the judges score the participants? Has the scoring tool been reviewed and piloted? \_\_\_\_\_  
\_\_\_\_\_

How will youth receive feedback on their performance? \_\_\_\_\_  
\_\_\_\_\_

What is the award system used and why? (*Danish vs. American*) \_\_\_\_\_  
\_\_\_\_\_

What type of recognition will be given to participants? \_\_\_\_\_

It is the policy of the University of California (UC) and the UC Division of Agriculture & Natural Resources not to engage in discrimination against or harassment of any person in any of its programs or activities (Complete nondiscrimination policy statement can be found at <http://ucanr.edu/sites/anrstaff/files/176836.doc>). Inquiries regarding ANR's nondiscrimination policies may be directed to UCANR, Affirmative Action Compliance & Title IX Officer, University of California, Agriculture and Natural Resources, 2801 Second Street, Davis, CA 95618, (530) 750-1397.

