

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

1/2014

University of California
Agriculture and Natural Resources



4-H Volunteer Management Organization (VMO)/Unit Name:

Contact Name: _____ Phone: _____

Directions: Review the guidelines, complete the following questions and submit with your 4-H VMO or unit 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 county or unit 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 UCANR, 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 or audit.
- The 4-H YDP is to be open and accessible to participants, regardless of their individual ability to pay. All brochures, marketing or other communications of the 4-H YDP should include a notice of such. Program fees will be waived or reduced for eligible youth. Provisions will be made by the 4-H unit and/or 4-H volunteer management organization (e.g., council) to cover program fees for eligible youth who are unable to pay them. A [Request for 4-H Program Fee Waiver/Reduction](#) should be filled out by the parent/guardian of the youth. See [Fee Waiver/Reduction Frequently Asked Questions](#).

1. Describe why a 4-H 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).

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



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3. How would the fees be used?

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

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?

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

_____ per 4-H member _____ per 4-H adult volunteer

Signatures

Organization Unit Volunteer _____ Date _____

VMO or Unit President _____ Date _____

Reviewed by:

County 4-H YDP Staff _____ Date _____

Approved by:

County Director _____ Date _____

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