

# Proposal for New County or Multi-County 4-H YDP Event/Activity/Competition

3/2019

University of California  
Agriculture and Natural Resources



Please complete and submit this form to your local County 4-H Office.  
Form must be used when county and multi-county-based events occur **inside** the hosting county(ies).

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

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

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What are the expected benefits for the participants?

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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: \_\_\_\_\_

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

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

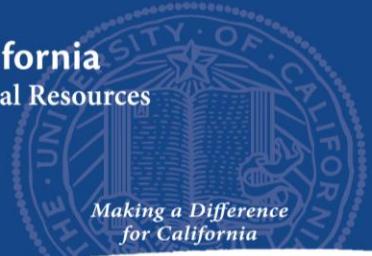
Signature: \_\_\_\_\_



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

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

Signature of the County Director (in the host county): \_\_\_\_\_  
*(By signing the County Director acknowledges that s/he is 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)*

## 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?*

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

## PARTICIPANT INFORMATION

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

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

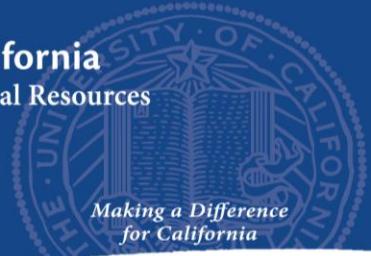
Youth: \_\_\_\_\_



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

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

List counties the event is open to: \_\_\_\_\_

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? \_\_\_\_\_

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

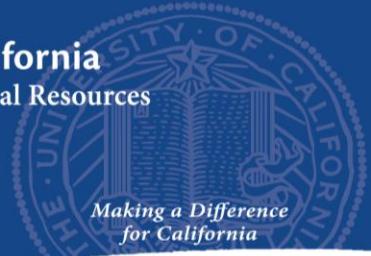
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Will there be fundraisers at the event? If so, please describe \_\_\_\_\_

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

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## **YOUTH DEVELOPMENT COMPONENT**

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

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

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

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## **EVALUATION**

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

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

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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? \_\_\_\_\_

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

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## **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? \_\_\_\_\_

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What events or trainings exist to prepare youth for this competition? \_\_\_\_\_

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

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? \_\_\_\_\_

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