

<u>Form 1</u>: Marathon County Leaders Federation Funding Application

Contact Name	Activity Na	me	
Address of Contact			
Phone Number	Amount Requested	Date of Activity	/
 A. Activity Description Provide a brief description How will youth be expand 			
B. Activity Goals			
C. Activity Demographics			
estimated # of youth partic per person	ipants estimated # o ⁻	adult participates	estimated fee charged
Potential partners/groups helpin	g		
# of youth in leadership roles # of adults in leadership roles			
D. List your anticipated incom	ne from other sources		
E. What impact would 4-H Fee	deration funding have on	your activity?	



F. Include backup materials, such as website links, flyers, planning committee member list, resources to be use, etc. Please do NOT include DVDs.