

County 4-H Fundraiser Application

The group treasurer or 4-H leader must **complete and return this form to the 4-H staff** in the county Extension office for approval **at least 10 business days before any fundraising activities can be promoted or held.**

4-H Group name _____

If the group is contemplating holding a fundraiser, we strongly encourage the group to discuss the following items before completing the application below:

- What, specifically, are the funds being raised for?
- Put in writing how and when a member will qualify to benefit from the funds.
- How much money is needed?
- How will the group keep track of funds raised? Identify the member(s) who will manage this task.
- What will the group do if enough funds are not raised to meet the group's goal? What if the group raises more funds than are needed?
- Understanding that funds raised are for the total group (not for individuals based on their level of participation in the fundraiser), be sure to discuss how the group will handle it if some members raise fewer funds or are less active in the fundraising activity than others.

Addressing these things ahead of fundraising will ensure all participants agree with the fundraising goals and reduce the probability of disagreements later.

4-H Volunteer's address _____ Phone _____

4-H Volunteer making request: _____ Phone: _____ Email: _____

Educational program funds will be used for _____

What is the proposed fundraising activity? _____

Will the group be selling tangible, personal property (for example, craft items, tack, cookbooks, calendars, plat books, bulletins and food that will be consumed immediately such as concession stand sales)?
_____Yes _____No **If yes, the group must collect sales tax. For further information about collecting and remitting Michigan sales tax, refer to pages 28-29.**

What is the fundraiser's educational value to the members? _____

Where is the proposed fundraising activity to be held? _____

Proposed starting date of the activity: _____ Time: _____

Expected ending date of the activity: _____ Time: _____

(If it is an ongoing activity, the end date must be on or before August 31 of the current year.)

For Office Use Only:

Approved _____ Date Notified _____

County 4-H Fundraising Report Form

Complete and return this form to the _____ County 4-H staff **within 10 business days (Due: _____) after the approved fundraising activity.**

4-H Group name _____

4-H Volunteer's address _____ Phone _____

4-H Volunteer making report: _____ Phone: _____ Email: _____

What was the approved fundraising activity? _____

Where and when did the approved fundraising activity take place? _____

What knowledge did the group gain through this activity? _____

What skills did the group develop from participation in the fundraising activity? _____

Income from approved fundraising activity \$ _____

Expenses from approved fundraising activity **minus** \$ _____

(List general expenses below)

Sales tax collected on tangible, personal property* **minus** \$ _____

*For example, craft items, tack, cookbooks, calendars, plat books, bulletins and food that will be consumed immediately such as concession stand sales.

Calculate the amount of tax due as follows: Divide the income by 17.67 (Income: _____ ÷ 17.67 = _____).

It is wise to hold these funds aside in the group's treasury so they are available when the payment is submitted in the fall. **Be sure to include the income and expenses in the group's Annual Financial Summary Report (AFSR). The amount of the check will be reflected in next year's AFSR. If the group remits the tax with a check, make it payable to "Michigan State University."**

Profits from approved fundraising activity **equals** \$ _____

Prize Winners

If prizes were awarded, complete the information below. Attach a separate sheet, if needed. **Note:** Prizes valued at \$600 or more require the recipient complete IRS Form W-9 for calendar-year tax reporting. Attach the W-9 to this report. MSU will issue an IRS Form 1099-MISC in January.

Name	Prize	Prize Value (Actual or Fair Market Value)

Return to:

Staff Name _____ Address _____

Michigan 4-H W-9 Information Form

Amount of single payment or award: \$_____

Purpose of single payment or award:

Payer (group providing payment or award):