



Information to Prepare for the Montana 4-H Foundation People Partner Grant Application

Grant Purpose: These grants provide incentives and financial support to groups and individuals for programs that enhance the quality of living for people in their communities.

Application Deadline: February 14

Each application is eligible for up to \$500.

Eligibility

4-H groups and individual members may apply. Grants are also open to non-4-H youth groups and individuals. Applications should meet the following criteria:

- Youth should be involved in determining, planning, conducting, and evaluating the project.
- Project will make it possible for individuals involved to accomplish something educational and worthwhile that helps the target audience reach a higher quality of life.
- There is community support and acceptance of the project, as evidence by "partners" listed in the grant application, additional funding sources, and resource persons and agencies involved.
- The project has lasting benefits.

If grant funds are not used for program purpose, group agrees to return them by September 1 of the grant year. Groups are also required to submit the evaluation form by September 1 of the grant year.

The Montana 4-H Foundation reserves the right to deny supportive funding for individuals or groups from counties or reservations that are not in good financial standing having paid member contributions, volunteer dues, certification background checks and training, fees associated with the oversight of funds (1% fees), registrations, or any other bills/invoices due to the Montana 4-H Foundation or the Montana 4-H Center for Youth Development. Denial will be determined on a case-by-case basis.



Application Questions:

Let's get to know you!

1. Name of Group or Individual:
2. First and Last Name of Chairperson of People Partner Committee:
3. If a grant is awarded, please list organization check should be made payable to:
4. Mailing Address (Street and/or PO Box): *This is where your check will be mailed if awarded a grant.*
5. City:
6. State:
7. Zip Code:
8. County:
9. Phone Number:
10. Email Address:

Tell us about your program/project:

11. Name/Title of Project:
12. What program or project do you wish to submit for consideration for a People Partner Grant? *(max 300 words)*
13. Brief Project Description *(less than 15 words)* - *This is a short summary of the question above. We will use this for promotional purposes if awarded a grant.*
14. Amount Requested:
15. Why is there a need? Explain how the program or project will help improve the quality of life for children, youth, and/or families. **Note: Your project does not have to benefit only children, youth, or families, but it could be all or only one of these groups.*
16. Learning Goals:
 - a. List what each participant in the program or project will have an opportunity to learn and/or share.
 - b. How will you measure the success of these learning goals?
17. Describe how youth were involved in deciding the program or project.



18. List the names and ages of the youth involved in leading the program or project, and indicate what responsibility they are or will be taking.
 - a. Answers should be in this format: Name, Age, Responsibility
 - b. Example: Kelly Clover, 13, Determine and order the prizes.

19. Indicate the partners in the program or project together with you, and their involvement.
 - a. Format: Partner Name, Nature of Partnership
 - b. Example: Clover Extension Office, Provide the facilities for the training.

20. Download and complete the budget form at the link below. Once complete, upload it to the online application.
 - a. https://montanaedu-my.sharepoint.com/:b:/g/personal/k58k571_msu_montana_edu/EYBGkW8TAitNmECfuY2v48AB0cX38Ft-J_M0TJI7VLal2Q?e=6wMCp4

County Agent Signature

Your County Agent's sign off is a required portion of this application. Please enter the contact information of your 4-H County Agent so they may review and approve of your application.

Once you have added in your contributor's first name, last name and email address they will be sent an email. Please make sure you type in their email correctly to ensure they receive the request. If your recommender does not receive an email from Kaleidoscope have them check their spam/junk folder or simply have them visit: apply.mykaleidoscope.com/login and type in their email address as their username (this is the email you typed in the email field on your application) and use the forgot my password feature to set up a password. Once they are logged in they will see your application request on their dashboard.

1. County 4-H Agent's First Name
2. County 4-H Agent Last Name
3. County 4-H Agent Email Address
4. Message to County 4-H Agent