

# Staff Development Grant Application

## Contact Information

Date (MM/DD/YYYY): \_\_\_\_\_ County: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

## Application Details

Brief description of the program or event you wish to attend:

Summary of cost and other sources of funding for the event/program:

Personal gain by participating in the program/event:

Expected impacts on your 4-H programs from attending the program/event:

Do you agree to return funds if the planning process to implement the event/program has not begun within eleven months of the submission deadline?

Yes *(by checking yes, you agree with the terms described above)*

After the program, do you agree to submit an evaluation of the event/program and how it has or will benefit your community. (Evaluation due September 1<sup>st</sup>.)

Yes *(by checking yes, you agree with the terms described above)*

**Letter of Support**

A letter of support for requesting these funds must be received from your State Extension Supervisor by the application deadline to consider your application complete. Do you agree to submit a letter of support for requesting these funds from your State Extension Supervisor by the application deadline?

Yes *(by checking yes, you agree with the terms described above)*

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

Name *(or group to be awarded funds)*: \_\_\_\_\_

Mailing: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Please complete the form and submit or email to [4hfdn@montana.edu](mailto:4hfdn@montana.edu)  
*Your application will not be considered complete until we receive the letter of support.*