



Mail To: STATE 4-H OFFICE
PO Box 110225
Gainesville, FL 32611
FAX (352) 846-0999

COMMUNITY PRIDE PROPOSAL

Date Submitted

Name of 4-H Group

Amount of Money Requested (\$250 max.)

County

Amount of Entire Project Budget

Name and address of local 4-H Leader:

Ages of 4-H Group:

Number in this 4-H Group:

DESCRIPTION OF YOUR COMMUNITY PRIDE PROJECT:

Describe in brief detail the nature of the project your group has selected for the proposal:

5. Proposed Budget:
Materials Needed to Complete Project

Cost of Materials: _____

REMARKS:

Give a summary statement of your project plan:

Proposals are to be given to the County 4-H Coordinator, who will turn them in to the State 4-H Office.

This proposal has my approval and my support.

County 4-H Agent

Date Approved