



People Partners Program

Additional Sheets may be used

**Due Postmarked
February 1**

Please Note: Completed applications **MUST** be submitted to the Montana 4-H Foundation by the County Extension Office

Date: _____ County: _____

Name of Group or Individual: _____

Chairman of People Partner Committee: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

If grant is awarded, to whom should the check be payable?

Name: _____

Has the group/person previously received grants from the People Partner Program?

Yes No

If YES please list the year(s) and amount(s) granted:

What did you accomplish with your previous grant(s)?

County Agent's Signature: _____ Date: _____

The programs of the Montana State University Extension Service are available to all people regardless of race, creed, color, sex, disability or national origin. Issued in furtherance of cooperative extension work in agriculture and home economics, acts of May 8 and June 30, 1914, in cooperation with the U.S. Department of Agriculture, Douglas Steele, Vice Provost and Director, Extension Service, Montana State University, Bozeman, Montana

I. From your individual and/or group studies, what program or project do you wish to submit for consideration for a People Partners Grant?

II. Tell why there is a need. Explain how the program or project will help to improve quality of life for children, youth and families.

III. Learning Goals—List what participants in the program or project will have an opportunity to learn and share.

IV. Describe how youth were involved in deciding upon the program or project.

V. List the names and ages of the youth involved in activating the program or project, and indicate what responsibility they are or will be taking.

Name	Age	Responsibility

