



**Cornell Cooperative Extension  
Of Sullivan County**  
64 Ferndale Loomis Road  
Liberty, NY 12754  
Tel: 845 292-6180

## Request for Permission to Raise Funds in the Name of 4-H

*Submit to the Cornell Cooperative Extension 4-H office at least 30 days prior to the proposed fund-raising date.*

The \_\_\_\_\_ 4-H Club requests permission to contract with  
\_\_\_\_\_ for resale to raise money for: \_\_\_\_\_  
(name of company)

\_\_\_\_\_ (purpose for raising money)

Items to be sold: \_\_\_\_\_

Anticipated amount to be raised: \$ \_\_\_\_\_

Current balance in treasury: \$ \_\_\_\_\_

The proposed sale would take place from: \_\_\_\_\_ to \_\_\_\_\_

Location of sale: \_\_\_\_\_

We have planned these dates so they will not coincide with (nor detract from) a county-wide 4-H fund-raising effort.

*Proposed printed materials to be distributed in connection with the sale are to be attached to this request form.*

The current New York State sales tax \_\_\_\_\_% will be indicated to the consumer and collected on the retail price of each item sold.

**Note:** Sales tax must be collected on items sold at a shop, store, or booth, but not door to door.

*Your signature below signifies that you have read and understand the guidelines attached and the above information is correct to the best of your knowledge.*

<p><b>Approved by: (Office Use Only)</b></p>  <p>_____</p> <p>4-H Program Leader <span style="float: right;">Date</span></p>	<p><b>Requested by:</b></p> <p>_____</p> <p>Club President <span style="float: right;">Date</span></p> <p>_____</p> <p>4-H Club Organizational Leader <span style="float: right;">Date</span></p> <p>_____</p> <p>Address</p> <p>_____</p> <p>Phone _____</p>
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**\*Results of the above fund raising should be reported to the 4-H office in the "Story of a 4-H Club Activities" section of the Secretary's Monthly Report or a separate written report.**