

**4-H Special Needs Award Report Form**  
**Sponsored by the Brown County Association of Home & Community Education**  
Year: \_\_\_\_\_

Name of 4-H club: \_\_\_\_\_

Contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Purposes of program being submitted: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of people served: \_\_\_\_\_

Resources involved: \_\_\_\_\_

\_\_\_\_\_

Number of youth working on project: \_\_\_\_\_

Number of adults working on project: \_\_\_\_\_

Number of hours contributed: \_\_\_\_\_

Accomplishments: (please explain who benefited, what happened as a result of this project):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Support evidence (attach pictures, newspaper clippings, and/or copies of materials developed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Deadline date: July 1

Submit completed form to: Attn: BCHCE  
Brown County UW-Extension  
1150 Bellevue Street  
Green Bay, WI 54302