



# Making the Best 4-H Clubs Better –Version 2.0

## Planning a Successful Community Service Project – Project Planning Guide

**Club Name:** \_\_\_\_\_

**Club Advisors:** \_\_\_\_\_

**Community Service Committee Members:** \_\_\_\_\_

**Project Title:** \_\_\_\_\_

**Project Goal:** \_\_\_\_\_

**Project State Date:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Project Supplies Needed:** \_\_\_\_\_

**Project Budget:** \_\_\_\_\_

### Project Task List and Assignment Duties

**Task**

**Member Names**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_



_____	_____
_____	_____
_____	_____
_____	_____

**Time Line for Task:**

<b>Task</b>	<b>Date to be finished</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Is permission needed for this project?**    Yes        No

**If yes, from whom:** \_\_\_\_\_

**Will travel be involved in this project?**    Yes        No

**If yes, do you have travel plans and permission slips?** \_\_\_\_\_

**Do you need event or other insurance for this project?**    Yes        No

**How will funding be obtained? (donations, fund raising, club funds, other)**

\_\_\_\_\_

**How will the project be documented and publicized? (Newspaper, Radio, TV, Social Media)**

\_\_\_\_\_

**Do you need any equipment for this project?** \_\_\_\_\_

\_\_\_\_\_

**How will you evaluate the project's success?** \_\_\_\_\_

**PREPARED BY**  
**Tracy Winters, OSU Extension Gallia County**

*Reviewed by Ohio Valley EERA 4-H Youth Development Professionals, March 2012.  
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