



2015 CALAGPLATE GRANT PROPOSAL

COVER PAGE

Organization Information

Name of organization _____ Legal name, if different _____

Address _____ City, State, Zip _____

Phone _____ Website _____

Name of contact person regarding this application _____ Title _____

Phone _____ Email _____

Is your organization an IRS 501(c)(3) not-for-profit? Yes No
 If no, is your organization a public agency/unit of government? Yes No
 If no, is your organization a school? Yes No
 Other: _____

Proposal Information

Project Title: _____

Total Funds Requested: \$ _____

Funding Tier: *Select one*

- Funding Tier 1 – California Adopted Agricultural Education Programs –Submitted through CA FFA
- Funding Tier 2 – Local/Community/State Agricultural Education Programs

Program Focus: *Select all that apply*

- Agricultural Education
- Agricultural Career Awareness, Development and Training
- Agricultural Leadership Development

Target Audience:

- K-8 9-12 Post-Secondary/ Adult Education

Supporting Organizations (if applicable): _____

Authorization

Name and Title: _____
 Signature and Date: _____