



2016 CALAGPLATE GRANT PROJECT COVER PAGE

Applicant Details

Name of organization _____

Address _____ City, State, Zip Code _____

Phone Number _____ Website _____

Select the organization type that correctly reflects the nature of the applicant organization:

- An IRS 501 (c)(3) not-for-profit
- A public or government agency
- A private or public school
- Other: _____

Project Management

Name of Project Manager/Director _____ Title _____

Phone Number _____ Email Address _____

Proposal Information

Project Title: _____

Grant Funds Requested: \$ _____ *must match funds requested on budget narrative

Funding Tier: Select one

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

Funding Categories: Select all that apply

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

Target Audience: Select all that apply

- Primary – K - 8th Grade
- High School – 9th-12th Grade
- Post-Secondary/Adult Education

Supporting Organizations (if applicable): _____

Authorization

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____