



2018 CALAGPLATE GRANT PROJECT
COVER PAGE

SECTION I: 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: _____

SECTION II: PROJECT MANAGEMENT

Name of Project Director _____ Title _____

Phone Number _____ Email Address _____

Name of Project Manager _____ Title _____

Phone Number _____ Email Address _____

SECTION III: PROPOSAL SUMMARY

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

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

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

SECTION IV: AUTHORIZATION

Printed Name: _____ Title: _____

Authorized Signature: _____ Date: _____