

CALAGPLATE GRANT PROPOSAL COVER PAGE

Form 1.5.1. (08.2021)

State of California

Department of Food and Agriculture

Office of Grants Administration



SECTION I: APPLICANT DETAILS

Name of Organization:	
Address:	
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:
Name of Project Manager:	
Title:	
Phone Number:	Email:

SECTION III: PROPOSAL SUMMARY

Funding Tier: *Select One*

- Funding Tier 1: California Adopted Agricultural Education Program
- Funding Tier 2: Local/Community/State Agricultural Education Programs

Total Amount of CalAgPlate Grant Funds Requested: \$ _____

**Must match funds requested on Budget Narrative*

Funding Categories: *Select all that apply*

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

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: