CALAGPLATE GRANT PROPOSAL COVER PAGE

Form 1.5.1. (08.2019)
State of California
Department of Food and Agriculture
Office of Grants Administration

cdfa
CALIFORNIA DEPARTMENT OF
FOOD & AGRICULTURE

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: