

**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 - 8<sup>th</sup> Grade
- High School: 9<sup>th</sup>-12<sup>th</sup> Grade
- Post-Secondary & Adult Education

**SECTION IV: AUTHORIZATION**

Printed Name:	Title:
Authorized Signature:	Date: