

State of California

California Department of Food and Agriculture Office of Farm to Fork (CDFA-F2F)

CA Farm to School Incubator Grant Program

**Grant Term Extension Request**

**Submit To:**

Office of Farm to Fork, Farm to School Program

California Department of Food and Agriculture

cafarmtoschool@cdfa.ca.gov

**Instructions:**

* Respond to the following questions as thoroughly as possible.
* PLEASE NOTE: A grant term extension requires an amendment to the grant agreement and is subject to CDFA approval. The CDFA, at its discretion, may choose to accept or deny the extension request.

**Questions:**

1. **Date:**

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1. **Grant Agreement Number:**

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1. **Organization Name:**

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1. **Contact Info:** Please provide the following contact information. The CDFA Farm to School Team will email or call you if there are follow-up questions about your request.

First and Last Name:

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Work Email Address:

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Work Phone Number:

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General Availability for Receiving Phone Calls:

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1. **Extension Date Requested:** What is the extension date (month/day/year) you are requesting? *Please refer to your grant agreement for the current grant term end date.*

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1. **Justification:** Why are you requesting this extension and why is it necessary? Please provide sufficient detail to justify the need for a grant term extension.

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*(questions continue on next page)*

1. **Project Implementation Timeline:** Please copy/paste your approved project work plan into the table below. Then, in the Timeline column, outline your new project implementation timeline in **blue text**, based on the requested extension date.

*Please add rows as needed.*

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| **Measurable Project Objectives** | **Project Activities**  | **Timeline**(month/year each activity will occur) | **Performed by**(who will implement each activity) |
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1. **Grant Term Overlap:** If you have received a grant award through a subsequent round of the CA Farm to School Incubator Grant Program and that round’s grant term overlaps with your requested extension, then how will you keep grant administration, project timelines, and project costs distinct for the two grant projects?

*Please write N/A if not applicable.*

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1. **Authorized Signature:**

First and Last Name:

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Please enter your initials as your digital signature:

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Date:

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