

AGRICULTURE OPPORTUNITIES FUND GRANT PROGRAM APPLICATION FORM

April 1, 2015 – March 31st, 2018

Funding Program

Application Deadline: January 9, 2015

Electronic form will expand as information is entered

Contact Information

Organization:		
Contact Name:		
Address:		
E-mail:	Phone:	Fax:
Chairman's/President's Name:		

Research, Demonstration, and Extension Programming

Forage and Livestock Program

Program Title: (max 15 words)		
	Requested AOF Funding	Office Use Only
AOF Grant Annually:	\$	\$

Annual and Special Crops Program

Program Title: (max 15 words)		
	Requested AOF Funding	Office Use Only
AOF Grant Annually:	\$	\$

Environment Program

Program Title: (max 15 words)		
	Requested AOF Funding	Office Use Only
AOF Grant Annually:	\$	\$

TOTAL AOF GRANT REQUESTED ANNUALLY:	\$	\$
MATCHING CONTRIBUTION:		\$
TOTAL COMBINED CONTRIBUTION (TCC):		\$
% AOF FUNDING (AOF FUNDING REQUESTED ÷ TCC x 100)		
TOTAL 3-YEAR FUNDING REQUESTED	\$	\$

Requested AOF Funding - Expenses Breakdown

	Forage and Livestock	Annual and Special Crops	Environment
Manpower			
Travel			
Materials and Supplies			
Communication			
Training and Education			
Other			
TOTALS			

Matching Contributors Breakdown:

Name/Description	Cash (\$)	In-Kind (\$)	Check one or the other	
			Secured	Applied For
TOTAL				

A: ORGANIZATIONAL BACKGROUND. Demonstrate organization’s capacity to deliver proposed program(s), eg. Staffing expertise, resources, equipment, etc. *(maximum ½ page)*

B: NEEDS ASSESSMENT. How did you assess need for the proposed program(s)? *(maximum ½ page)*

Outcomes (please complete for each applicable program)

Forages and Livestock

PROGRAM TITLE:		
Program Outcomes		Program Activities
Based on your needs assessment, what will the program achieve in the next three years? What does success look like?		What are the activities planned to achieve stated outcomes, i.e. Extension, research plots, etc.?
Outcome 1:		
Outcome 2:		
Outcome 3:		
Co-Applicants. Who will you involve in the program and what is their involvement?		
Name/Organization	Contact Name & Phone #	Role/Responsibility
Collaborators. Who will you involve in the program and what is their involvement?		
Name/Organization	Contact Name & Phone #	Role/Responsibility

What are the projected Impacts? Can be shown as economic, social, environmental, etc., please show assumptions.

How will you measure your program success? Be Specific

Annual and Special Crop

PROGRAM TITLE:	
Program Outputs	Program Activities
Based on your needs assessment, what will the program achieve in the next three years? What does success look like?	What are the activities planned to achieve stated outcomes, i.e. Extension, research plots, etc.?
Outcome 1:	
Outcome 2:	
Outcome 3:	

Co-Applicants. Who will you involve in the program and what is their involvement?

Name/Organization	Contact Name & Phone #	Role/Responsibility

Collaborators. Who will you involve in the program and what is their involvement?

Name/Organization	Contact Name & Phone #	Role/Responsibility

What are the projected Impacts? Can be shown as economic, social, environmental, etc., please show assumptions.

How will you measure your program success? Be Specific

Environment Program

PROGRAM TITLE:		
Program Outputs		Program Activities
Based on your needs assessment, what will the program achieve in the next three years? What does success look like?		What are the activities planned to achieve stated outcomes, i.e. Extension, research plots, etc.?
Outcome 1:		
Outcome 2:		
Outcome 3:		
Co-Applicants. Who will you involve in the program and what is their involvement?		
Name/Organization	Contact Name & Phone #	Role/Responsibility
Collaborators. Who will you involve in the program and what is their involvement?		
Name/Organization	Contact Name & Phone #	Role/Responsibility

What are the projected Impacts? Can be shown as economic, social, environmental, etc., please show assumptions.

How will you measure your program success? Be Specific

Other Collaborative Initiatives ie external boards

Statement of Certification

NOTE: PLEASE READ THIS CAREFULLY BEFORE SIGNING

I, _____ of _____, certify the following:

- I am the applicant or authorized to complete this application on behalf of the applicant.
- I understand that the grant recipient name, program name and grant amount will be published on the Government of Alberta Disclosure Portal.
- I understand and agree to the Terms and Conditions of the Agriculture Opportunities Fund (AOF) Program.
- I understand that if this application is accepted, any grant I receive under the Program shall be governed by this Statement of Certification, the Program Terms and Conditions and the Agriculture and Rural Development Grant Regulation;
- AND I certify that the information provided in this application is, to the best of my knowledge, true, complete and correct.

Print Legal Name of Applicant: _____

Signature of Chairman/President: _____ Date: _____

The personal information that you provide on this form and any attachments will be used for the purpose of administering the Agriculture Opportunities Fund (AOF) Program. Your personal information is collected under the authority of section 33(c) of the Freedom of Information and Protection of Privacy Act and is protected by the privacy provisions of the Act. If you have any questions about the collection, use or disclosure of your personal information, please contact the manager of the AOF Program at: Room 106, 4709 44 avenue, Stony Plain, AB T7Z 1N4; 780 968-6555; for toll free access, dial 310-0000 followed by telephone number.

Once this document is complete, print, sign and date

Please then pdf the document and send the pdf version, via email, to fred.young@gov.ab.ca

Send signed original application to:

**Fred Young, AOF Program Manager
Agriculture and Rural Development
Provincial Building
Room 106, 4409-44th Street
Stony Plain, AB T7Z 1N4**

Appendix A

Criteria for Decision-Making

The program(s) proposed in this application should contribute to the AOF Grant Program outcomes.

Applications will be reviewed and are subject to a merit based evaluation process completed by a joint, unbiased producer/government committee appointed by Agriculture and Rural Development (ARD). Applications are ranked based on the set of criteria outlined below. Based on available funding, the highest ranked applications will be recommended to the Minister for approval.

The **criteria** used to evaluate programs proposed in applications include:

1. Program addresses identified **needs** with various methods used to determine and prioritize key local issues. How did you determine the key priority need/ issues?
2. Program is focused on well-defined outcomes to be achieved.
 - Are the outcomes SMART - Specific, Measurable, Achievable, Relevant and Time Specific?
3. A clear, three-year program plan outlines how the needs will be addressed with extension **activities** that support the outcomes.
 - Do the activities support the program outcomes? Does it consider the available resources, potential impact, organizations strengths, capacity and opportunities to work with others in implementation?
4. Program has **clear measures** that identify how performance will be assessed.
 - How will you measure success? Consider qualitative and quantitative measures such as surveys, one-on-one meetings with clients, etc.
5. Program takes advantage of **strategic collaborative opportunities** to help achieve program outcomes.
 - Are the roles and responsibilities of each contributor clearly identified? Is there indication of collaboration with others to deliver the program?
6. Program **builds organizational capacity** towards improving on-farm environmental/economic performance.
 - Do you have, or are you working towards, developing your staff's technical skills/expertise that meets the extension needs of your area?
 - Do you have the tools and resources to deliver on your extension plan?

