

Date Received
For Administrative Use Only



Electronic form will expand as information is entered.

Brevity is a virtue.

GRANT APPLICATION – 2009-2011 Deadline Dec 24, 2008

Baseline Information

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

Programs Applied For

Program Title: (max 15 words)	
Start Date:	Completion Date:
AOF Grant Requested this year:	Total Cost of Program:
Co-Applicants: (other organizations who will receive AOF Funding for this program) List by Organization/Contact name	Portion of AOF funding you are receiving?

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Summary – TOTAL AOF Grant Requested this year \$ _____

D) Program Outputs	Program Outcomes
What are the activities planned, to achieve stated outcomes? Ie; Extension, research plots, etc.	What will the program achieve in the next three years? What does success look like?
	Outcome 1:
	Outcome 2:
	Outcome 3:
<p>What is the projected impact(s)? What is the projected impact(s) of this program? Can be shown as economic (ie rate of adoption), social, etc.</p> <p>Must show your assumptions.</p>	

E) How will you measure the program's success?

Be specific. *(max 1/2 page)*

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H) Program Linkage to ARD

Linkage to AOF's Purpose of the fund *(max 1/2 page)*

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I) Partners

Who will you involve in the program and what is their involvement. *(max 1/2 page)*

Name/Organization	Contact Name & Phone #	Role/Responsibility

Budget

Date _____

Program Title: _____ Program Year _____

Note: Detailed Budget must be supplied as an appendix or attached Excel spreadsheet.

FUNDING SOURCES Summary

			Proposed Budget		
			1st Year	2nd Year	3rd Year
AOF	Cash	a			
Industry	Cash	b			
Government	Cash	d			
Other	Cash	f			
TOTALS					
Funding Ratio AOF: Matching					

EXPENSES

	1 st Year	2nd Year	3rd Year
Manpower			
Travel			
Materials and Supplies			
Communication			
Training and Education			
Capital Expenditures			
Other			
TOTALS			

FUNDING SOURCES Detail

Industry

<i>Check one or the other</i>			
Name	Cash (\$)	Secured	Applied For
Total			

Government

<i>Check one or the other</i>			
Name	Cash (\$)	Secured	Applied For
Total			

Other

<i>Check one or the other</i>			
Name	Cash (\$)	Secured	Applied For
Total			

Applicant(s): (duplicate this section as required)

Name/Association:	
<p>Agreement/Declaration: I/We hereby declare that the information provided in this application is true and accurate to the best of my/our knowledge. The contact, applicant, and their employing institution(s) or organization(s) accept full responsibility for any actions resulting from their work.</p>	
SIGNATURES:	DATE:
Chairman of Association	Signatures as required by organization