

**NCDA&CS
ADFP Trust Fund**

Agricultural Development Application Checklist

This Agricultural Development Application Checklist is provided as a means to ensure that all Applications are submitted with the required information. Failure to include all information may result in ineligibility to receive funding. This document must be completed and filed with submission of the 2008 Enterprise Program Application no later than 5:00PM on December 5, 2008.

Applicant Name:		
Applicant Tax Identification Number:		
Project Title:		
GRANTEE USE ONLY	The following items are required for <u>ALL</u> applicants.	ADFP USE ONLY
<input type="checkbox"/>	1. Project Budget Narrative (available at www.ncadfp.org)	<input type="checkbox"/>
<input type="checkbox"/>	2. Contact List for Funding Sources (available at www.ncadfp.org)	<input type="checkbox"/>
<input type="checkbox"/>	3. Photographs	<input type="checkbox"/>
<input type="checkbox"/>	4. Letters of intent from matching funds sources <u>only</u>	<input type="checkbox"/>
GRANTEE USE ONLY	The following items are required for <u>Non-Profit Non-Governmental Organization Applicants Only</u>.	ADFP USE ONLY
<input type="checkbox"/>	1. 501(c)(3) Certification or Letter of Federal Tax Exemption Status from the Internal Revenue Service	<input type="checkbox"/>
<input type="checkbox"/>	2. Conflict of Interest Policy (addressing conflicts of interest involving the applicant's management, employees, and the members of its board of directors or other governing body that may arise): <i>The policy shall address situations in which any of these individuals may directly or indirectly benefit, except as the applicant's employees or members of its board of other governing body, from the applicant's disbursing of State funds, and shall include actions to be taken by the applicant or the individual, or both, to avoid conflicts of interest and the appearance of impropriety. The policy shall be filed before the funds may be disbursed to the applicant. An example policy may be accessed from the State Auditor's website.</i>	<input type="checkbox"/>
<input type="checkbox"/>	3. Sworn Statement of Overdue Taxes shall be made under oath and shall be filed prior to the disbursement of any State funds. <i>Information can be accessed from the state auditor's website.</i>	<input type="checkbox"/>
<input type="checkbox"/>	4. List of current grants held by the applicant organization and respective amounts	<input type="checkbox"/>
<input type="checkbox"/>	5. List of board members	<input type="checkbox"/>
<input type="checkbox"/>	6. Articles of Incorporation	<input type="checkbox"/>

**NCDA&CS
ADFP Trust Fund**

Departmental Use Only	
Date Received:	_____
Application #:	_____
Requested Amount:	\$ _____
Project Value:	\$ _____

Agricultural Development Application
For Agricultural, Horticultural, & Forestry Programs



Please direct all questions and concerns to:

Holly Gilroy
NCDA&CS
ADFP Trust Fund
2 W. Edenton Street
Raleigh, NC 27601
919.733.7125
Fax: 919.716.0105

ncadfp@ncmail.net □ www.ncadfp.org

All information in this application is required. Incomplete applications will be considered ineligible for funding.

IDENTIFYING INFORMATION

Project Title *(5 words or less):*

Applicant Organization:

Applicant Tax Identification Number:

Applicant Contact and Title:

Applicant Mailing Address:

(if delivered by US Postal Service)

Street:

City:

State:

Zip Code:

County:

Applicant Website Address *(if applicable):*

Applicant Email Address *(if applicable):*

Applicant Telephone(s): ;

County/Counties of Project Location:

Length of Time to Complete Proposed Project:

Applicant Physical Address:

(if delivered by any other means)

Street:

City:

State:

Zip Code:

County:

APPLICATION MUST BE DELIVERED NO LATER THAN 5:00PM ON DECEMBER 5, 2008.

DESCRIPTION OF THE TYPE OF APPLICANT ORGANIZATION and MATCHING FUNDS

- I. Is your organization a non-profit conservation organization? YES NO
 - II. Is your organization a non-profit conservation organization with 30% matching funds from sources other than NC ADFP Trust Fund? YES NO
-

- III. Is your organization a county agency? YES NO
- IV. Is your county agency in a Tier Two (2) or Tier Three (3) Enterprise County?
Tier 2 Tier 3

With a NCDA&CS approved Farmland Protection Plan and a minimum of 15% matching funds? YES NO
or
Without a NCDA&CS approved Farmland Protection Plan and a minimum of 30% matching funds? YES NO
- V. Is your county agency in a Tier One (1) Enterprise County? YES NO
With a NCDA&CS approved Farmland Protection Plan? (no match required) YES NO
or
Without a NCDA&CS approved Farmland Protection Plan and a minimum of 30% matching funds? YES NO

If you answered "No" to questions I-V, please re-evaluate eligibility criteria outlined in the Application Guidelines.

(Note: List of tiers is available from the North Carolina Department of Commerce at: <http://www.nccommerce.com/en/BusinessServices/LocateYourBusiness/WhyNC/Incentives/CountyTierDesignations/>)

PROJECT AFFILIATIONS and PARTNERSHIPS

- VI. Additional Considerations for Project Options (see Application Guidelines for definitions)
 - A. Does the project target *Voluntary Agricultural District* members? YES NO
 - B. Does the project target *Enhanced Voluntary Agricultural District* members? YES NO
 - C. Does the project target:
 - 1) *Goodness Grows in NC* Members? YES NO
 - 2) *American Tree Farmers*? YES NO
 - 3) *Forest Stewardship Program* Members? YES NO
 - D. Does the project target *Beginning Farmers*? YES NO
 - E. Does the project target *Limited Resources Farmers*? YES NO
 - F. Does the project target *Century Farm Members*? YES NO

VII. GOALS, TARGETED AUDIENCE, and SUCCESS MEASUREMENTS

A. Describe the goals and objectives.

(250 words or less.)

B. Please describe the success measures that will be used for the project.

(250 words or less.)

C. Please describe the target audience for the project.

(100 words or less.)

D. Please give an approximate number of participants in the project.

(100 words or less.)

E. Please describe the geographic area that the project will cover.

(Please include all counties involved. If all 100 counties are involved, simply stating "state-wide project" will be sufficient.)

(100 words or less.)

F. Please describe similar projects, if any, in which your organization has been involved.

(100 words or less.)

VIII. SCOPE OF WORK

Applicant Name:	
Applicant Tax Identification Number:	
Project Title:	

A. What is the purpose of the project?
(250 words or less.)

B. What community need(s) will the project serve?
(500 words or less.)

C. Are other organizations, programs, projects, etc. serving this community need or these community needs? If yes, how is this project different/why is this project necessary?
(300 words or less.)

D. Are there sustainability plans for the project? If yes, please describe. If not, please explain why.
(250 words or less.)

X. PROJECT BUDGET *(The Project Budget Narrative and Contact List for Funding Sources are separate documents that must be attached to the application. If more space is needed, please attach additional project budget sheet.)*

Program Name						
Federal Tax ID Number						
Total Project Value	\$					
	Funding Categories					
Expenditure Categories	ADFP Funds		Matching Funds		In-Kind	Total Budget for Category
101 Site Development						
102 Construction						
103 Equipment						
104 Travel						
105 Special Program Supplies						
106 Consultant and Specialized Services						
107 Personnel/Administrative						
108 Office Supplies						
109 Printing and Binding						
110 Promotional Materials						
Total Budget						

Applicant's Signature: _____ Date _____

ADFP Signature: _____ Date _____



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I certify that the information contained in this document is true and accurate and will follow reporting requirements for use of state funds as mandated by G.S. 143C-6-23.

I certify that I am authorized by the applicant organization or agency to enter into a contractual arrangement on its behalf, with the granting agency.

I understand that this application and all attachments submitted with it are public records subject to the Freedom of Information Act.

Signature _____ Date _____
(Representative Authorized to Sign on Behalf of the Applicant)

Title: _____

Organization: _____

Please direct all questions and concerns to:

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