

**NCDA&CS ADFP Trust Fund
Grant Cycle III Agricultural Plan/Project Application Checklist**

This Agricultural Plan/Project 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 submitted no later than 5:00PM on December 4, 2009.

Applicant Name:		
Applicant Tax Identification Number:		
DUNS Number:		
Project Title:		
GRANTEE USE ONLY	The following items are required for <u>ALL</u> applicants.	ADFP USE ONLY
<input type="checkbox"/>	1. Letters of intent from matching funds sources <u>only</u>	<input type="checkbox"/>
<input type="checkbox"/>	2. Compliance with NC Openbook	<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"/>

APPLICANT DESCRIPTION & MATCHING FUNDS

Matching Funds Rate & Matching Funds

- 1.) Designate (*circle*) whether the Applicant is:
- a county agency (*if designated go to #2*)
 - OR
 - a private non-profit organization (*if designated go to #3*)
- 2.) County Agencies ONLY
- A.) _____ County is a Tier ____ (1, 2, or 3) Enterprise County
(*This designation can be found at www.nccommerce.com*)
- B.) _____ County has a Farmland Protection Plan (FLPP), approved by NCDA&CS prior to time of application (*circle*) YES NO
- C.) i. If County is Tier 1 with an approved FLPP, then no (0%) Matching Funds are required for the project.
- ii. If County is either Tier 2 or Tier 3 with an approved FLPP, the Matching Funds must equal or exceed 15% (0.15) of the amount requested from the ADFP Trust Fund.
- iii. If County is Tier 1, 2, or 3 and does NOT have an approved FLPP, the Matching Funds must equal or exceed 30% (0.30) of the amount requested from the ADFP Trust Fund.
- D.) The Matching Funds Rate (MFR) for this proposal as determined in question 2 C above is: _____ (*This will be used in question number 5.*)
- E.) Provide a Letter of Intent from each matching source.
- 3.) Non-Governmental Agencies only!
- A.) If the applicant is a private non-profit conservation organization, the Matching Funds Rate (MFR) must equal or exceed 30% (0.30). (*This will be used in question number 5.*)
- B.) Provide a list of all matching funds and a commitment authorization from each source.
- 4.) What is the grant amount requested from the ADFP Trust Fund? \$ _____
- 5.) To determine the Minimum Required Match needed for the project, multiply the ADFP Grant Request (determined in question 4) by the Matching Funds Rate (MFR) (identified in question 2 or 3).
(ADFPV X MFR = Minimum Required Match)
- A. The Minimum Required Match for this project is \$ _____
- B. Total of Secured Matching Fund is \$ _____
(*Same as noted on page 1, must meet Minimum Required Match*)

PROJECT AFFILIATIONS and PARTNERSHIPS

- | | | |
|---|------------------------------|-----------------------------|
| A. Does the project target <i>Voluntary Agricultural District</i> members? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| B. Does the project target <i>Enhanced Voluntary Agricultural District</i> members? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C. Does the project target: | | |
| 1) <i>Goodness Grows in NC</i> Members? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2) <i>American Tree Farmers</i> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3) <i>Forest Stewardship Program</i> Members? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| D. Does the project target <i>Beginning Farmers</i> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| E. Does the project target <i>Limited Resources Farmers</i> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| F. Does the project target <i>Century Farm Members</i> ? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

SCOPE OF WORK

Applicant Name:	
Applicant Tax Identification Number:	
DUNS Number:	
Project Title:	

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.)

G. What community need(s) will the project serve?

(250 words or less.)

PROJECT TIMELINE
Projects may not begin before July 1, 2010.

Applicant Name:	
Applicant Tax Identification Number:	
DUNS Number:	
Project Title:	

Quarter	Tasks/Goals	ADFP Funding to be Used	Matching Funds to be Used	Total Funding to be Used
July 1 - Sept. 30				
Oct. 1 - Dec. 31				
Jan. 1 - March 31				
April 1 - June 30				

Total			
--------------	--	--	--

Project Budget

List the funds requested from ADFP in the table on the left. In the section labeled "Total Project Value" on the right list the total ADFP funds requested, the total cash match anticipated, the total in-kind match anticipated, then add those figures together for a total value of the project. In the Budget Narrative section provide an explanation of how the ADFP funds will be expended.

If more space is needed, please attach additional sheets.

Applicant Name:	
Applicant Tax Identification Number:	
DUNS Number	
Project Title:	
Applicant's Fiscal Year	to

Expenditure Categories	ADFP Funds Requested
101 Site Development (Projects only)	
102 Construction (Projects only)	
103 Equipment	
104 Travel (applicable state rates)	
105 Special Program Supplies	
106 Consultant and Specialized Services	
107 Personnel and Administrative	
108 Office Supplies	
109 Printing and Binding	
110 Promotional Materials	
111 Workshops and Conferences (Plans only)	
Total Budget	

Total Project Value	
ADFP Funds Requested	\$
Cash Match	\$
In-Kind Match	\$
Total Project Value	\$

Budget Narrative

101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	

Applicant's Signature: _____ Date _____

ADFP Signature: _____ Date _____

REQUESTING A D-U-N-S NUMBER

Dun & Bradstreet (D&B) provides a D-U-N-S Number, a unique nine digit identification number, for each physical location of your business.

D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.

D-U-N-S Request by Email

Request your D-U-N-S Number via the Web. If one does not exist for your business location, **it can be created within 1 business day.** <http://fedgov.dnb.com/webform>

For technical difficulties, contact govt@dnb.com

D-U-N-S Request by Phone

1-866-705-7511

For U.S., Puerto Rico, and US Virgin Islands Requests only

Contact the D&B Government Customer Response Center

U.S. and U.S Virgin Islands: 1-866-705-5711

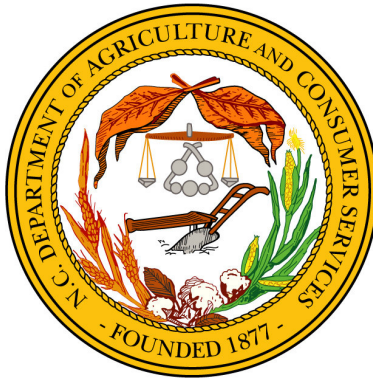
Alaska and Puerto Rico: 1-800-234-3867 (Select Option 2, then Option 1)

Monday - Friday 7 AM to 8 PM C.S.T.

The process to request a D-U-N-S® Number by telephone takes between 5 and 10 minutes.

You will need to provide the following information:

- Legal Name
- Trade style, Doing Business As (DBA), or other name by which your organization is commonly recognized
- Physical Address, City, State and Zip Code
- Mailing Address (if separate)
- Telephone Number
- Contact Name
- SIC Code (Line of Business)
- Number of Employees at your location
- Headquarters name and address (if there is a reporting relationship to a parent corporate entity)
- Is this a home-based business?



**ADFP Trust Fund
NCDA&CS**

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:

NCDA&CS
ADFP Trust Fund
2 W. Edenton Street
Raleigh NC 27601
919.733.7125
ncadfp@ncagr.gov
www.ncadfp.org