

Strafford County Farm Bureau

Agricultural Grant Program

Purpose: To offer funding for small to medium sized projects that are designed to promote agricultural education, programs and opportunities for youth.

Eligibility & Scope: Available to applicants in Strafford County. The typical award range will be within \$200 - \$800. The number of awards will vary and be based on the number of qualified applicants chosen and the individual amounts awarded.

Grant Approvals: The grant committee will review applications and submit summaries and recommendations to the full board for a vote.

Deadline: This is awarded annually and has a rolling deadline.

Mail Completed Application to:

Matt Scruton, SCFB President
195 Ten Rod Road
Rochester, NH 03867

PART I. GENERAL INFORMATION

Date: _____

Name of Applicant: _____

Which best describes you the applicant:

A. Student B. Educator C. Parent/Group Leader D. Farmer E. Other _____

Name of organization application for Grant if different from above:

Mailing Address: _____

Email: _____ Phone: _____

Are these funds to be used directly for: *An individual or group project?* (Circle one).

If this is a group project, how many individuals will be participating? _____

Which best describes how this grant assistance would be applied:

- A. Scholarship assistance towards educational costs including course tuition, meeting fees and travel expenses.
- B. A project that helps establish young farmers with livestock or equipment.
- C. Agriculture in the Classroom
- D. Agricultural Promotion/Education in the Community
- E. Assistance with Agricultural Business/Entrepreneurship
- F. Agricultural Research
- G. Other: _____

What is the total estimated cost for your project/tuition? Amount: \$ _____

Are there any additional or matching funds that you or an organization is contributing? YES / NO
Amount: \$ _____ Name of Organization: _____

What is the time frame for this project? Estimated Start Date: _____ Finish Date: _____

Have you or your organization been a past recipient of this grant? YES / NO

PART II. DESCRIPTION OF PROJECT

Please clearly describe the goals of this project and how you, your group or the community will benefit from this grant assistance. Please attach separate sheet as necessary.

Signature of Applicant: _____ Date: _____

Name of Parent/Guardian* (Please Print): _____

Signature of Parent/Guardian: _____ Date: _____

*Granting permission on behalf of the applicant is under 18 years of age.