



Departmental Use Only

Application #: \_\_\_\_\_  
Tracking #: \_\_\_\_\_  
Date Rev Completed: \_\_\_\_\_  
Contract #: \_\_\_\_\_

North Carolina Department of Agriculture and Consumer Services  
Steven W. Troxler, Commissioner

## 2008-2009 AGRICULTURE FESTIVALS GRANT PROGRAM

### APPLICATION

**DUE DATE: Postmarked not later than February 17, 2009, by 5:00 p.m. EST**  
**A total of seven (7) copies, including 1 with original signatures in "blue ink" should be submitted to:**

***Delivery by US Postal Service:***

Agriculture Festival Grant Applications  
NCDA&CS, Budget & Finance  
1001 Mail Service Center  
Raleigh, NC 27699-1001

ATT: Sandi Cummings  
Grants & Contracts Administrator

***Other Delivery (Commercial or Hand):***

Agriculture Festival Grant Applications  
NCDA&CS, Budget & Finance  
Agriculture Building, Second Floor - Room 217  
2 West Edenton Street  
Raleigh, NC 27601-1020

ATT: Sandi Cummings  
Grants & Contracts Administrator

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### **I. APPLICANT IDENTIFYING INFORMATION**

**INSTRUCTIONS: Click inside the boxes provided and type in information, and double click "check" boxes.**

1. APPLICANT NAME:  
(If applying on behalf of another entity, please provide that entity's name also. For example: Town of Burgaw on behalf of the North Carolina Blue Berry Festival)
2. NAME OF AGRICULTURE FESTIVAL:
3. MAILING ADDRESS:
  
4. CONTACT PERSON:  
(Name) (Title)
5. PHONE #: FAX #: E-MAIL:
6. REQUESTED GRANT AMOUNT: \$ (Not more than \$5,000) 7. DATE(s) of FESTIVAL:
8. COUNTY LOCATION:

### **II. AGRICULTURE FESTIVAL PROJECT SUMMARY**

**PROVIDE A PROJECT SUMMARY.** (Include an introduction to your Organization, which should include a brief biography of your Organization (attach an organizational chart if available); a brief description of what your Organization expects to accomplish; and a brief explanation of how your agriculture festival will hopefully influence attitudes or behaviors of its attendees relative to the commodity or commodities highlighted at the festival, and other expected outcomes of your festival. (350 words or less)

Click and type:

### **III. APPLICANT ORGANIZATION DESIGNATION & REQUIRED DOCUMENTS**

1. ENTITY TYPE:  Non-profit  Governmental (County or Local)
2. IF CLAIMING NON-PROFIT (Non-governmental) STATUS, THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE ATTACHED TO YOUR COMPLETED APPLICATION; OTHERWISE, YOUR APPLICATION WILL BE DETERMINED AS INELIGIBLE.
  - Articles of Incorporation and By-Laws
  - Current List of Board of Directors/Trustees
  - IRS Federal Letter of Tax Exempt Status
  - Sworn Statement of "No Overdue Tax Debts" (template provided - Attachment E)
  - Conflict of Interest Policy (example provided - Attachment F)
  - Two Previous Years' Certified Budgets (signed & dated by the appropriate financial officer and board director)
  - Signed Statement of Town's Population (signed & dated by the town manager)
3. IF A GOVERNMENTAL DESIGNATED ENTITY, THE FOLLOWING DOCUMENTS ARE REQUIRED TO BE ATTACHED FOR YOUR APPLICATION; OTHERWISE, YOUR APPLICATION WILL BE DETERMINED AS INELIGIBLE.
  - Two Previous Years' Certified Budgets (signed & dated by the appropriate financial officer and town manager or board director)
  - Signed Statement of the town's population (signed & dated by the town manager)

**IV. PROPOSED BUDGET & BUDGET NARRATIVE**

1. COMPLETE THE PROPOSED BUDGET TABLE (Template - Attachment C Page 1 of 2)
2. COMPLETE THE NARRATIVE BUDGET SECTION (Template - Attachment C, Page 2 of 2)

**V. OTHER POTENTIAL FUNDING SOURCES**

1. DO YOU ANTICIPATE GRANT FUNDING FROM ANY OTHER SOURCE FOR THIS YEAR'S AGRICULTURE FESTIVAL?  
 Yes       No
2. IF THE ANSWER TO QUESTION 1. IS YES, LIST OTHER POTENTIAL GRANT FUNDING SOURCES and THE CONTACT INFORMATION.

FUNDING SOURCE	NAME OF CONTACT	PHONE & EMAIL

**VI. GOALS and IMPACT**

1. WHAT ARE THE GOALS OF YOUR AGRICULTURE FESTIVAL? (350 words or less)

(Click and Type):

2. DESCRIBE, IN NARRATIVE FORM, HOW YOUR AGRICULTURE FESTIVAL WILL ECONOMICALLY IMPACT THE COMMODITY OR COMMODITIES HIGHLIGHTED AT THE

FESTIVAL. (200 Words or Less)

(Click and Type):

3. IN WHAT COUNTY TIER IS YOUR AGRICULTURE FESTIVAL BEING HELD? (Check one. You may determine the county tier by accessing the Department's website: <http://www.ncagr.com> or by accessing the NC Department of Commerce's website: <http://www.nccommerce.com/en/BusinessServices/LocateYourBusiness/WhyNC/Incentives/CountyTierDesignations/>)

- Tier 1  
 Tier 2  
 Tier 3

**VII. NCDA&CS PROGRAM PARTICIPATION**

1. DOES THE COMMODITY/COMMODITIES GROUP(S) BEING HIGHLIGHTED AT THE AGRICULTURE FESTIVAL PARTICIPATE IN OR ACTIVELY PROMOTE ANY NCDA&CS PROGRAMS?

NAME OF NCDA&CS PROGRAM	PARTICIPATION STATUS	
	YES	NO
GOT TO BE NC	<input type="checkbox"/>	<input type="checkbox"/>
GOODNESS GROWS IN NC	<input type="checkbox"/>	<input type="checkbox"/>
FARM TO SCHOOL PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
GLEANING PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
FOOD DONATION PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
NATIONAL ANIMAL IDENTIFICATION SYSTEM PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
NC FARM IDENTIFICATION PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
CERTIFIED ROADSIDE FARM MARKET PROGRAM	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIC CERTIFICATION	<input type="checkbox"/>	<input type="checkbox"/>
AGRITOURISM	<input type="checkbox"/>	<input type="checkbox"/>

EXPLAIN HOW PROGRAM PARTICIPATION IS ACHIEVED OR THE METHODS USED TO ACTIVELY PROMOTE NCDA&CS PROGRAMS. (150 words or less)

(Click and type):

2. IF THE ANSWER TO QUESTION 1. IS NO, DOES THE COMMODITY/COMMODITIES GROUP(S) BEING HIGHLIGHTED AT THE AGRICULTURE FESTIVAL EXPECT TO PARTICIPATE IN OR ACTIVELY PROMOTE ANY NCDA&CS PROGRAM IN THE FUTURE?

YES       NO

IF YES, EXPLAIN HOW PROGRAM PARTICIPATION WILL BE ACHIEVED OR THE METHODS TO BE USED THAT WILL ACTIVELY PROMOTE NCDA&CS PROGRAMS. (250 words or less)

(Click and type):

3. IF THE ANSWER TO QUESTION 2. IS YES, LIST FUTURE EXPECTED PROGRAM PARTICIPATION BELOW.

NAME OF NCDA&CS PROGRAM	NCDA&CS APPLICATION COMPLETED (if applicable)		NCDA&CS PROGRAM CONTACT HAS BE MADE	
	YES	NO	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





**IX. GENERAL INFORMATION**

1. HAS THE AGRICULTURE FESTIVAL PLANNING COMMITTEE ARRANGED FOR A RAIN DATE:  
 Yes       No
2. DID YOUR AGRICULTURE FESTIVAL RECEIVE FUNDING FROM THIS GRANT PROGRAM LAST YEAR?  
 Yes       No
3. HOW MANY YEARS HAS YOUR AGRICULTURE FESTIVAL BEEN IN EXISTENCE?
4. HOW MANY PERSONS ATTENDED YOUR AGRICULTURE FESTIVAL LAST YEAR?

**X. APPLICATION CHECK LIST**

COMPLETE THE LEFT HAND SIDE OF THE APPLICATION CHECK LIST. BE SURE TO RETURN IT WITH YOUR APPLICATION PACKAGE OR YOUR APPLICATION COULD BE DEEMED INELIGIBLE. (Attachment A)

[\(The Application Check List should be attached to the first page of your official, completed application package for submission to the department Grants and Contracts Administrator as identified in the Information and Guidance Document.\)](#)

**XI. SCOPE OF WORK**

COMPLETE THE SCOPE OF WORK (Template - Attachment B)

**XII. NOTICE OF CERTAIN REPORTING REQUIREMENTS**

NORTH CAROLINA GENERAL STATUTES REQUIRE THAT NON-PROFIT ENTITIES SUBMIT TO THE OFFICE OF THE NORTH CAROLINA STATE AUDITOR CERTAIN REPORTING FORMS BY ELECTRONIC MEANS. FURTHER INFORMATION REGARDING THESE REPORTING REQUIREMENTS WILL BE PROVIDED TO NON-PROFIT APPLICANT DURING THE AWARD PHASE OF THE GRANT PROCESS. (Attachment D)

**XIII. FESTIVAL TIMELINE**

COMPLETE THE PROJECT TIMELINE (Template - Attachment G)

**XIII. SIGNATURE CARD**

COMPLETE THE SIGNATURE CARD INDICATING AUTHORIZED REPRESENTATIVES WHO HAVE THE RESPONSIBILITY FOR SIGNING CONTRACTUAL AND FINANCIAL DOCUMENTS (Template - Attachment H)

I Certify, to the best of knowledge, that information provided in this application form and all of its accompanying attachments is accurate. I understand that should it be determined that fraudulent information has been provided this application will not be funded.

\_\_\_\_\_  
(Signature of Grantee as Indicated on Signature Card)

\_\_\_\_\_  
(Title as Indicated on Signature Card)

\_\_\_\_\_  
(Date)



(NCDA&CS USE ONLY)	<b>INITIAL</b>
APPLICATION REVIEW DETERMINATION	
<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> INELIGIBLE
REVIEWER:	_____
DATE:	_____

NORTH CAROLINA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES  
 Steven W. Troxler, Commissioner

## AGRICULTURE FESTIVALS GRANT PROGRAM - 2008-2009 APPLICATION CHECK LIST - Attachment A

**INSTRUCTIONS: "COMPLETE" THIS CHECKLIST AND "RETURN" IT ALONG WITH THE COMPLETED APPLICATION AND ALL APPROPRIATE DOCUMENTS IDENTIFIED BELOW TO THE DEPARTMENTAL GRANTS AND CONTRACTS ADMINISTRATOR. BE SURE TO ANSWER "ALL" QUESTIONS EITHER YES OR NO, UNANSWERED QUESTIONS OR MISSING DOCUMENTS, INCLUDING THE CHECK LIST FORM, WILL DEEM YOUR APPLICATION INELIGIBLE.**

1. WHEN CLAIMING NON-PROFIT STATUS THE DOCUMENTS LISTED IN THE TABLE BELOW ARE REQUIRED TO BE SUBMITTED ALONG WITH THE APPLICATION FOR FUNDING. MISSING DOCUMENTS AND UNANSWERED QUESTIONS WILL DEEM YOUR APPLICATION INELIGIBLE. **YOU APPLICATION WILL NOT BE REVIEWED UNLESS YOU INCLUDE THIS CHECK LIST FORM WITH YOUR APPLICATION PACKAGE.**

APPLICANT USE - DOCUMENTS ATTACHED	ALL QUESTIONS MUST BE ANSWERED & REQUIRED DOCUMENTS MUST BE SUBMITTED WITH APPLICATION	DEPARTMENTAL USE - DOCUMENTS ATTACHED
<input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION - "ALL" Questions Have Been Answered YES or NO	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Notarized "Request for Payment"	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Articles of Incorporation and By-Laws	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Current List of Board of Directors/Trustees	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	IRS Letter of Tax Exemption Status	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Notarized "Conflict of Interest Policy"	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sworn Statement of "No Overdue Tax Debts"	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Two Previous Years' Certified Budgets (signed & dated by the appropriate financial officer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Statement of Town's Population (signed & dated by the Town Manager)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	TimeLine	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope of Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget & Budget Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature Card	<input type="checkbox"/> Yes <input type="checkbox"/> No

2. LOCAL AND COUNTY GOVERNMENT APPLICANTS MUST SUBMIT ALONG WITH THEIR APPLICATION THE DOCUMENTS LISTED IN THE TABLE BELOW. MISSING DOCUMENTS AND UNANSWERED QUESTIONS WILL DEEM YOUR APPLICATION INELIGIBLE. **YOUR APPLICATION WILL NOT BE REVIEWED UNLESS YOU INCLUDE THIS CHECK LIST FORM WITH YOUR APPLICATION PACKAGE.**

APPLICANT USE - DOCUMENTS ATTACHED	ALL QUESTIONS MUST BE ANSWERED & REQUIRED DOCUMENTS MUST BE SUBMITTED WITH APPLICATION	DEPARTMENTAL USE - DOCUMENTS ATTACHED
<input type="checkbox"/> Yes <input type="checkbox"/> No	APPLICATION - "ALL" Questions Have Been Answered YES or NO	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Notarized "Request for Payment"	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Two Previous Years' Certified Budgets (signed & dated by the appropriate financial officer)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Signed Statement of Town's Population (signed & dated by the Town Manager)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	TimeLine	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope of Work	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget & Budget Narrative	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature Card	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**2008 -2009 AGRICULTURE FESTIVALS GRANT PROGRAM**

**SCOPE OF WORK - Attachment B**

*(CLICK ON SHADED AREA AND TYPE IN INFORMATION)*

APPLICANT ORGANIZATION:  
PROJECT TITLE:

1. WHAT IS THE PURPOSE OF YOUR AGRICULTURE FESTIVAL? (300 words or less)

(Click and Type):

2. IS YOUR AGRICULTURE FESTIVAL A FUND RAISING EVENT?  Yes  No

3. WHAT AGRICULTURE NEEDS(s) WILL BE MEET AS A RESULT OF YOUR AGRICULTURE FESTIVAL? (250 or less words)

Click and type:

4. HOW DOES YOUR AGRICULTURE FESTIVAL DIFFER FROM OTHER SIMILAR TYPE EVENTS THAT ARE HOSTED IN THE SMALL TOWN IN WHICH YOUR FESTIVAL WILL BE HELD? (300 or less words)

(Click and Type):



(Continued: **BUDGET & BUDGET NARRATIVE - Attachment C**)

2. **BUDGET NARRATIVE:** The budget narrative is a written justification of the object class categories presented in the above table. Your budget should be realistic and justified by the goals of the project as you described them in the application. It should show a relationship between the requested funds and the agriculture festival for which funding is being requested. The text of the narrative should match the requested funds presented above, and should justify how the funding in each object class category will be spent. (300 or less words, if additional area is needed use another sheet of paper)

**Click and type:** (Example: 2 Banners @ 150.00 Ea. = \$300.00; will be used at the festival entrance and center stage for purposes of indicating where festival begins and where tasting activities will take place.)

## REPORTING THRESHOLDS - Attachment D

### § 143C-6.22 & 23 (Effective 7-1-07)

- **Level 1 Reporting: Receiving less than \$25,000**
  - Certification Form
  - State Grants Compliance Reporting: < \$25,000
  - Both forms above due within 6 months of organization's year-end; submit these to the funding agency only.
  
- **Level 2 Reporting: Receiving at least \$25,000 but less than \$500,000**
  - Certification Form
  - State Grants Compliance Reporting: >= \$25,000
  - Program Activities and Accomplishments Report
  - Schedule of Receipts and Expenditures
  - All forms above due within 6 months of organization's year-end; submit these to the funding agency only.
  
- **Level 3 Reporting: Receiving \$500,000 or more**
  - Certification Form
  - State Grants Compliance Reporting: >= \$25,000
  - Program Activities and Accomplishments Report
  - "Yellow Book" Audit done by CPA to include Schedule of Federal and State Awards
  - All forms and report due within 9 months of organization's year-end; submit these to the funding agency *and* to the Office of the State Auditor. Note: An A-133 audit may be substituted for the yellow book audit.

#### DUE DATES FOR REPORTING REQUIREMENTS

YEAR END	DATE REPOR DUE (\$1 to \$499,000)	DATE REPORT DUE (\$500,000 and Over)
December 31	June 30	September 30
January 31	July 31	October 31
February 28	August 31	November 30
March 31	September 30	December 31
April 30	October 31	January 31
May 31	November 30	February 28
June 30	December 31	March 31
July 31	January 31	April 30
August 31	February 28	May 31
September 30	March 31	June 30
October 31	April 30	July 31
November 30	May 31	August 31



# CONFLICT OF INTEREST POLICY - EXAMPLE - Attachment F

(From the North Carolina Office of the State Auditor)

**Instructions:** This document is intended as an aid to assist non-State entities in establishing a conflict of interest policy. It is not intended to be used verbatim, but rather to serve as an example for nongovernmental organizations as they craft their individual conflict of interest policy. This example includes definitions of what is considered unacceptable, and the consequences any breaches thereof. Each organization that chooses to use this example should take care to make changes that reflect the individual organization.

## **Conflict of Interest Defined:**

A conflict of interest is defined as an actual or perceived interest by a (staff member/Board member) in an action that results in, or has the appearance of resulting in, personal, organizational, or professional gain. A conflict of interest occurs when an employee/Board member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

- Ownership with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- Employment of or by a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- Contractual relationship with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- Creditor or debtor to a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.
- Consultative or consumer relationship with a member of the Board of Directors/Trustees or an employee where one or the other has supervisory authority over the other or with a client who receives services.

The definition of conflict of interest includes any bias or the appearance of bias in a decision making process that would reflect a dual role played by a member of the organization or group. An example, for instance, might involve a person who is an employee and a Board member, or a person who is an employee and who hires family members as consultants.

## **Employee Responsibilities:**

It is in the interest of the organization, individual staff, and Board members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual stress that can be caused by a conflict of interest. Employees are to avoid any conflict of interest, even the appearance of a conflict of interest. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to your supervisor immediately.

Employees are to maintain independence and objectivity with clients, the community, and organization. Employees are called to maintain a sense of fairness, civility, ethics and personal integrity even though law, regulation, or custom does not require them.

## **Acceptance of Gifts:**

Employees, members of employee's immediate family, and members of the Board are prohibited from accepting gifts, money or gratuities from the following:

- persons receiving benefits or services from the organization;
- any person or organization performing or seeking to perform services under contract with the organization; and
- persons who are otherwise in a position to benefit from the actions of any employee of the organization.

**CONFLICT OF INTEREST POLICY EXAMPLE - Attachment F**

Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If the employee is acting in any official capacity, honoraria received by an employee in connection with activities relating to employment with the organization are to be paid to the organization.

***(THE INFORMATION BELOW IS REQUIRED TO BE A PART OF THE CONFLICT OF INTEREST POLICY.)***

EFFECTIVE DATE OF THIS POLICY: \_\_\_\_\_  
THIS POLICY WAS APPROVED BY: (Usually the Board) \_\_\_\_\_  
DATE THIS POLICY WAS APPROVED: \_\_\_\_\_



North Carolina Department of Agriculture and Consumer Services  
 Steven W. Troxler, Commissioner

**2008-2009 AGRICULTURE FESTIVALS GRANT PROGRAM**

**PROJECT TIMELINE - Attachment G**

*(CLICK ON SHADED AREA AND TYPE IN INFORMATION)*

**APPLICANT ORGANIZATION:**

**PROJECT TITLE:**

IDENTIFIED TASK	PROPOSED START DATE	PROJECTED COMPLETION DATE	PROJECTED AGRICULTURE FESTIVAL GRANT FUNDS TO BE SPENT (\$)	TOTAL PROJECTED COSTS OF THE AGRICULTURE FESTIVAL (\$)
<b>Total</b>				

**SIGNATURE CARD PLACE HOLDER**

**Attachment H**