# Big Flat Community Grain Bin Request for Funds Application

Deadline October 31 –Please send in applications throughout the year as all applications are considered

Organization (Applicant): Project Manager: Contact Title: Address: City, State, and Zip: Phone: Fax: Email: Federal Tax Identification Number:  Is someone other than the Project Manager listed responsible for signing contract: If so: Name: Title:  2. Grant Request (check appropriate box)	1. Applicant Information:
Contact Title:	Organization (Applicant):
Address:	Project Manager:
Address:	Contact Title:
City, State, and Zip: Fax:	
Email: Federal Tax Identification Number:  Is someone other than the Project Manager listed responsible for signing contract: If so:  Name: Title:  2. Grant Request (check appropriate box)  Training Planning Planning Exercise Commodity Flow Study Other	
Is someone other than the Project Manager listed responsible for signing contract: If so:   Name: Title:	Phone: Fax:
Is someone other than the Project Manager listed responsible for signing contract: If so:   Name: Title:	Email:
Name: Title:  2. Grant Request (check appropriate box)  o Training o Planning o Exercise o Commodity Flow Study o Other	
<ul> <li>Training</li> <li>Planning</li> <li>Exercise</li> <li>Commodity Flow Study</li> <li>Other</li> </ul>	
<ul> <li>Planning</li> <li>Exercise</li> <li>Commodity Flow Study</li> <li>Other</li> </ul>	2. <b>Grant Request</b> (check appropriate box)
<ul> <li>Exercise</li> <li>Commodity Flow Study</li> <li>Other</li> </ul>	_
o Other	o Exercise
Project Title:	Project Title:
Sources of funding: \$ Matching Funds: \$	
Matching Funds: \$   Total Amount: \$	

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### 3. Area of benefit

Please list the communities or agencies benefiting from this project and the benefit (i.e. specialized training, public awareness).

Name	Benefit

#### 4. Partners

Indicate all federal, tribal, state, local, private, and non-governmental partners and their level of participation (Matching funds). **Include your contribution.** 

Partners	Contribution	<u>C</u> for Cash or
	Amount	I for In-kind or Services
Total		

# 5. Budget

	Requested Grant Funds	Your contribution
Personnel Costs	XXXXXXXXXXXXXXXXXX	
Fringe Benefits	XXXXXXXXXXXXXXXXXX	
Travel		
Miscellaneous (printing,		
mailing, etc.)		
Supplies **		
Contractual		
Other (specify in attachment)		
Total Expenses (A)		

	Projected Income
Registration fee for classes	
Other income	
Total projected income (B)	
Difference (A – B)	

6.	Projec	t Narrative
	Proiec	t Description

A. **Project**. Describe the project. Be clear and concise.

B. <b>Objectives</b> . List and prioritize the specific measurable and obtainable objectives.
C. <u>Itemize the tasks and include a timetable</u> . Who will do the work? Who is supervising the project? Who is responsible for managing the grant? How will you make sure time lines and tasks are being met?
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D. <u>Overall contribution</u> . How does the project contribute to the Big Flat area as a whole? How does the activity address a need or provide a solution to the problem: i.e.	
long-range plans, etc.?	
E. <u>Project management</u> . What plans, strategies, or practices are you using to reach the project objectives? Have all pertinent parties agreed to these plans, strategies, and practices?	

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## 7. Attachments

Please attach documentation only if necessary, limit attachments to two (2) pages.

Please note: If you are awarded grant money, you are required to present a summary of your project at a community grain bin meeting.