FARM TO SCHOOL GRANT PROGRAM (FSGP)

APPLICATION COVER SHEET: FARM TO SCHOOL GRANT CFDA#10.575 Name of Organization: Street1: Street2: City: State: Zip: Contact First Name: Last Name: Title: Phone: E-mail: **Grant Application Type** Type of Eligible Entity Non-profit entity School or school district Planning grant (\$20,000 - \$45,000) Implementation grant (\$65,000 - \$100,000) ☐ Indian tribal organization ☐ State or local agency Agricultural producers or groups of agricultural producers Support Service grant (\$65,000 - \$100,000) Other: Project Title: Brief Project Description: *Note: If awarded funding, this description will be used in publicly available documents; please clearly summarize the project in the third person. **Total Project Cost** Match % of Total Project Cost **Grant Request Match Contribution** (Grant Request + Match) (Match / Total Project) \$ \$ Past or Current USDA FSGP Grantee Status Permission to Share Proposal? *see details below Current grantee. Describe: Yes, please share my information with other funders. Past grantee. Describe: No, do NOT share my information with other funders.

I've never been a FSGP grantee

* Through our work supporting farm to school initiatives, we regularly communicate with other federal programs and non-federal funders (e.g. private and community foundations) interested in supporting farm to school activities. While the USDA Farm to School Program is limited to awarding \$5 million a year, we hope to leverage our relationships with other funders to increase overall support for farm to school activities.

From time to time other funders request information about farm to school projects planned or underway in various communities. Information about your organization and a brief description of your proposed project will be included in a list that may be shared with other funders. These funders may elect to communicate directly with you at a future date. Should you wish to take advantage of this opportunity, please check YES. If you do NOT want your proposal shared, check NO.

School Information					
If you know which schools you'll be working with on this project, please complete the section on the following page. If you cannot provide this information, please provide a short explanation of how you plan to partner with schools (e.g. our project will recruit 16 schools to participate in a statewide farm to school network). *Other grant applicants please describe the intended reach of your project, including reach/attendance numbers, when applicable:					

Please continue to next page, if applicable.

School/District Name:					
City:					
County:					
State:					
☐ Whole District ☐ Select schools. ☐ Other. Please de	er of students participating	nentary schools,	<i>etc.):</i> duced (F/R) Priced Meals that will I	penefit from your	
can report numbers for th your project targets.	total school enrollment pope whole district(s), or for se	pulation rate as elect schools (e.	of the <u>2013-2014 school year</u> for th g. k-5 schools only), depending on	ose schools. You which population	
1.	# of schools participating in or benefiting from your proposed project				
2.	# of students participating in F/R Priced Meals at these schools				
3.	3. total school enrollment at these schools				
	s about the geography and s Urban/Rural Classificati	pro-	of these particular schools.		
	Hispanic or Latino		% American Indian or Alaskan Na	45	
	White		% Native Hawaiian & Pacific Islander		
	African American		% Two or more races	idei	
	Asian		70 TWO OF More races		
//	Asian				
< Previous		School 1 of 1		Next >	
<< First		Delete		Last >>	
Calculate your total perc	centage on line 3 below				
Add the total # of students participating from lines 2 above:					
2. Add the total # enrollment at these schools from lines 3 above:					
	ur weighted average F/R ine 1 above) by the total #				

Please provide information about Free/Reduce Price populations, Rural/Urban Classification codes, and student

demographics for each of the project participants.

OMB BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0512. The time required to complete this information collection is estimated to average 54 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx*). Do not return the completed form to this address.