

# 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:**

Ruth Scruton, SCFB President  
504 Meaderboro Road  
Farmington, NH 03835

## 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.