

2009 MINI-GRANT APPLICATION FORM

DUE DATE: OCTOBER 1, 2009

School Name: _____

County: _____

Coordinating

Teacher's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-Mail: _____

Grade Level and Subject Area: _____

Number of Students Affected: _____

Category (Please check the type of garden kit you are applying for)

Raised Bed Outdoor Garden Kit

Indoor Garden Grow Kit

Project Title: _____

Project Plan: (Give short and long term details of your project plan)

Goals and Objectives: (Briefly list the goals and learning objectives)

Implementation Schedule:

Explain how the volunteer Farm Bureau leader would be involved with the project:

Evaluation: (Describe how you will measure the grant's effectiveness)

Explain how the activities directly relate to your objective(s.)

Will you be receiving cost-share assistance from other sources?

Yes

No

Coordinating Teacher Signature

School Principal Signature

DUE DATE: OCTOBER 1, 2009