



# TOBACCO COMMUNITIES REINVESTMENT FUND

RURAL ADVANCEMENT FOUNDATION INTERNATIONAL-USA  
374 ELEMENTARY SCHOOL ROAD, PO BOX 640, BITTERSOP, NC 27213-0640

## 2009 Community Grant Application Central Region COVER SHEET

(This is the top page of your application)

PLEASE READ THE INSTRUCTION SHEET AND BE FAMILIAR WITH ELIGIBILITY REQUIREMENTS AND CRITERIA BEFORE COMPLETING AN APPLICATION. YOU CAN VIEW THESE MATERIALS AT [WWW.RAFIUSA.ORG](http://WWW.RAFIUSA.ORG).

**PROPOSALS MUST BE RECEIVED AT THE RAFI OFFICE BY 5:00 PM ON  
November 11, 2009**

**PROJECT TITLE:** \_\_\_\_\_

**Project Coordinator:** \_\_\_\_\_

**Organization:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Daytime message phone or cell phone:** \_\_\_\_\_

List organizations and individuals involved in planning and carrying out the project:

Cooperator's Name	Farm, Agency, or Organization
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_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**How much money are you requesting from RAFI (up to \$30,000)?**      \$ \_\_\_\_\_

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Please try to answer the questions in the space provided. You may attach additional pages as necessary, but please limit your total application packet to 17 pages. Be sure to type or print clearly. Please, read the **GRANT INFORMATION SHEET and the Producer Grant Evaluation Worksheet** before completing this form. If you need further information, contact RAFI-USA @ 919-542-1396, ext 205.

1. Briefly describe your project.

2. What is your goal for the project? If you are successful, how will the project contribute to keeping farmers sustainably employed on the farm?

3. Describe in detail your plan for completing your project. Tell us what specific tasks need to be completed and give dates by which you will complete those tasks.

4. If your project is successful, how will it benefit farmers in your community? How much income do you expect to generate from the project annually? How much income will farmer participants earn from the project?



7. What research have you done to determine if this project will work? Why do you believe that this project can be successful? How have you determined that there is a market demand for the products?

8. If the project is successful, what might other farmers or farmer groups learn from your experience? Could the project be replicated by other groups without causing problems from competition?

9. A requirement of receiving a grant from RAFI is to conduct outreach to other growers about the results of your project. How will you let other farmers know about your experience with your project?

10. In what areas do you believe you will need assistance in order to successfully complete your project? Who have you identified to assist you in those areas? Are those individuals aware of your project and have they agreed to help you?

11. Please describe your plans for continuing the project beyond the duration of the grant funding. Where will you get the money to continue to support project activities?

**BUDGET FORM**

Use the following pages to estimate your budget. Please list all of your expected expenses in the appropriate categories and calculate a total on the last page. Your budget should clearly show how grant funds will be used on your project. Grant awards can be up to \$30,000.

Items that you list under the **Grant Contribution** heading are those for which you will use grant funds provided by the Tobacco Communities Reinvestment Fund.

Items that you list under the **Cost-share** heading are your contribution to the project. Cost-share contribution can be either direct in terms of actual cash expenditures or in-kind in terms of the value of your labor, equipment, land, etc. that you will use for the project. *No set amount of cost-share is required.*

1. Analysis, Consultants, Subcontractors, and Other Off-farm Services

**Grant Contribution**

Item	Quantity	Cost per Unit	Total
Total grant contribution for Analysis, Consultants, Subcontractors, and Other Off-farm Services:			

**Cost-share Contribution**

Item	Quantity	Cost per Unit	Total
Total cost-share contribution for Analysis, Consultants, Subcontractors, and Other Off-farm Services:			

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2. Personnel Salaries *\*Note: Only labor directly related to the grant activities over and above normal farm or organizational operations is eligible for funding.*

**Grant Contribution**

Employee	# of Hours	Hourly Wage	Total
Total grant contribution for Personnel Salaries:			

**Cost-share Contribution**

Employee	# of Hours	Hourly Wage	Total
Total cost-share contribution for Personnel Salaries:			

3. Use of Farm Equipment

**Grant Contribution**

Equipment Item	Acres in Project	Charge per Acre	Total
Total grant contribution for Use of Farm Equipment:			

**Cost-share Contribution**

Equipment Item	Acres in Project	Charge per Acre	Total
Total cost-share contribution for Use of Farm Equipment:			

4. Supplies and Materials

**Grant Contribution**

Item	Quantity	Cost per Unit	Total
Total grant contribution for Supplies and Materials:			

**Cost-share Contribution**

Item	Quantity	Cost per Unit	Total
Total cost-share contribution for Supplies and Materials:			

5. Travel

**Grant Contribution**

From/To	Miles per Trip	Cost per Mile	Total
Total grant contribution for Travel:			

**Cost-share Contribution**

From/To	Miles per Trip	Cost per Mile	Total
Total cost-share contribution for Travel:			

6. Communication

**Grant Contribution**

Item	# of Units	Cost per Unit	Total
Total grant contribution for Communication:			

**Cost-share Contribution**

Item	# of Units	Cost per Unit	Total
Total cost-share contribution for Communication:			

7. Outreach

**Grant Contribution**

Item	# of Units	Cost per Unit	Total
Total grant contribution for Outreach:			

**Cost-share Contribution**

Item	# of Units	Cost per Unit	Total
Total cost-share contribution for Outreach:			

**BUDGET SUMMARY FORM**

*Please use this worksheet to summarize the information from the previous pages.*

**Grant Contribution by line item:**

<b>Line Item</b>	<b>Grant Contribution</b>	<b>Cost-share Contribution</b>
1. Analysis, Consultants, Subcontractors, and Other Off-farm Services		
2. Personnel Salaries		
3. Use of Farm Equipment		
4. Supplies and Materials		
5. Travel		
6. Communication		
7. Outreach		
<b>TOTAL CONTRIBUTION</b>		

*Please, transfer the total amount of grant contribution to the Amount Requested line on the cover sheet of the application packet.*

If applicable, please list other sources of funding for the project:

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## SIGNATURES

Thank you for your effort in completing the application form. Please, sign the proposal.

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Signature, Project Coordinator Date

Signatures of other project participants:

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Signature Date

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Signature Date

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Signature Date

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Signature Date

**Please complete and return to the RAFI-USA office by November 11, 2009 at 5:00 p.m.**

**Mail to:**

**Tobacco Communities Reinvestment Fund  
RAFI-USA  
P.O. Box 640  
274 Elementary School Road  
Pittsboro, NC 27312**



*The Tobacco Communities Reinvestment Fund is supported by a grant from the North Carolina Tobacco Trust Fund Commission.*