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NC AgVentures

Grant Opportunity for Individual Farm Operations (2016)

NC AgVentures provides grants to NC farmers for new and innovative agricultural project ideas that will increase farm profits. This grant program, which is supported by the NC Tobacco Trust Fund Commission, was designed to strengthen farms and communities that were negatively impacted by the downturn of the tobacco economy. NC AgVentures Grants are available in the following counties: *Martin, Wilson, Pitt, Edgecombe, Nash, Forsyth, Stokes, Surry, Rockingham, Yadkin, Guilford, Wayne, Lenoir, Sampson, Johnston, Duplin, and Greene. (*To learn more about the (NCTTFC) please visit: http://tobaccotrustfund.org/)

**Grant Awards**

Funding proposals up to $12,000 will be considered

**Who is eligible?**

North Carolina residents who are agriculturally dependent and who have viable ideas for new and innovative agricultural projects are eligible.

**Priority will be given to applicants who:**

* Earn at least 50% of their personal income from their farm operation.
* Present new and innovative agricultural project ideas that are viable and will increase farm profits.
* Are current or former tobacco growers or former quota holders.
* Have not received grant funds from NCTTFC.

**Grant proposal criteria** *(It’s not necessary for applicants to meet all criteria to receive a grant.)*

* Does the project benefit current or past tobacco growers?
* Will the project increase income?
* Will the project increase or maintain employment opportunities?
* Has the proposal been adequately researched?
* Is the budget realistic?
* Does the applicant have the skills to complete the project or have they identified technical assistance to help them implement a successful project?
* Present a new direction or innovative opportunity to diversify, expand or implement new entrepreneurial plans for their farm operations?
* Will the project become self-supporting or enhance your ability to keep farming?
* Does the project maintain or increase the number of acres used for production?

**Grant winners will be required to:**

* Provide a minimum of 10% or more of the total grant award
* Provide two reference letters of support with the application
* Attend a grant orientation and workshop
* Submit an Interim and a Final Report, plus copies of receipts for project expenditures
* Keep accurate production and financial records on the project and supply a copy of those records at the completion of the project
* Consult with an Extension agent about the grant project.
* Farm visits during the grant year are required
* Complete final income and expense reports of project results, plus a survey that provides feedback about the program and results of their project
* Allow Extension to include the recipients’ projects in public relations, outreach, demonstration and education in 2016 or future years
* Complete the project by December 15, 2016
* Plan a *public education event or* *project demonstration* to share what was learned with other farmers
* Provide a summary of the project one year after completion

*Recipients will recognize NC AgVentures and the NC Tobacco Trust Fund Commission as the funders/supporters of the project in all materials/marketing/advertising used to promote the project (NC AgVentures will provide appropriate logos and usage guide).*

**How are the applications reviewed?**

The NC AgVentures review panel will include NCSU employees and other experts who are familiar with agriculture, agribusiness, entrepreneurship and the local community. Applications will be ranked according to a numerical scoring system that evaluates the strength of the project to meet the grant criteria. Proposals will be read and scored by three reviewers.

**Applications**

Applicants should consult with a NC Cooperative Extension agent about their project proposal. Please contact your Agent by Dec. 14, 2015.

You may download a copy of the application and complete the form on your computer using Microsoft Word.

Application materials are available online at: [**www.ncagventures.org**](http://www.ncagventures.org)

Please contact your Extension agent if you have problems with the application format or do not have access to a computer.

**Your agent will submit the completed application.**

**Deadline for submitting the final application: 5:00 PM January 6, 2016**

If you have additional questions please contact your Extension agent or the NC AgVentures Program Coordinator, Jackie Miller jackie\_miller@ncsu.edu (919-628-0163)

NC AgVentures Application 2016 for Individual Farm Operations

Applications must be received by email through your Extension agent on or before 5:00 PM January 6, 2016. **Please, only one application per farm.**

**Project Title:**

[Type text]

**How much money are you requesting?**

[Type text]

**Funding from other sources?** (You must provide at least 10% of total grant award)

[Type text]

**Applicant Name:**

[Type text]

**Mailing Address:**

[Type text]

**Property Address if different:**

[Type text]

**Farm Business Name**

[Type text]

**Phone:**

[Type text]

**Cell:**

[Type text]

 **Email:**

[Type text]

**In what county is your farm located?**

[Type text]

**How many acres are you currently farming?**

[Type text]

**How many people currently working on your farm are current or past tobacco workers**? (You may include fulltime, part-time, seasonal and family workers)

[Type text]

**Percentage of personal income generated from your farm operation?**

[Type text]

**Name of the Extension Agent that will be working with you**

[Type text]

**Do you or the farm business carry liability insurance? YES ⬜ NO ⬜**

**Will this project create an opportunity for a new generation of farmers? YES ⬜ NO ⬜**

**Are you a former Quota Holder? YES ⬜ NO ⬜**

**Are you a current or former Tobacco Grower? ⬜ Former ⬜ Current ⬜ Neither**

**Do you have a N.C. Department of Revenue E-595EA Tax Exemption number? YES ⬜ NO ⬜**

**Project Summary**

**Give us a clear and detailed description of the project and how it will fit into your current farm operation.** *Will this be part of a transition to a different operation such as turning tobacco fields into strawberry fields; or are you incorporating new strategies to make the operation more efficient, initiating a new marketing plan or creating a value-added product?*

[Type text]

**If you are not awarded the total grant funds requested, how would you modify your project?**

[Type text]

**Tell us a little about the history of your farm.** *Is it a family farm and how does your family feel about the farm? Was tobacco ever grown on the land? How many acres are currently being used for food production? How many workers are employed fulltime? How many workers are currently employed on a part time or seasonal basis?*

[Type text]

**Tell us a little about yourself.** *Describe your farm and off-farm experience****.***  *What skills do you have that will be useful to the successful completion of your project? How long have you been farming? How did you come up with this idea? Have you seen anything similar and where?*

[Type text]

**Why do you believe this project can be successful?** *What research have you done to determine if this project will work?*

[Type text]

**Provide a timeline of steps to complete your project.**

**February:**

[Type text]

**March:**

[Type text]

**April:**

 [Type text]

**May:**

[Type text]

**June:** Project Update Report due

**July:**

 [Type text]

**August:**

 [Type text]

**September:**

 [Type text]

**October**:

[Type text]

**November:**

[Type text]

**December**

[Type text]

**January:** Final reports are due Jan. 18, 2017

**Describe your marketing plan**

1. Will you be selling directly to the public or will you be using indirect markets such a food co-op, hub, retail food store, restaurants or other?
2. Describe how you will promote or advertise the product or services.
3. How is your product or service different from other farming operations in the area?
4. Describe your competitive advantage?

[Type text]

**Measure your success:** Give us an estimate of what you believe the break-even cost and profit will be once the project is implemented.

*Consider your time and the value ($$) of your time in addition to the cost of consumable supplies such as starter plants or packaging plus marketing and distribution to determine your break-even cost.*

[Type text]

**Food Safety:** What steps are you taking to reduce the risk of food contamination? Some examples would include: taking a pickling class, keeping a log, GAP certified? *(This question may not apply to every project proposal.)*

[Type text]

**Three year vision:** Most new projects take 3-5 years to get up to speed. After your project has been implemented, what is your vision for 2017 and 2018? Will you build on this project or develop new markets? Please describe how your farm operation will grow.

[Type text]

**Lessons learned:** Grant recipients will be asked to share information about their project and what they have learned, with other farmers in the community. This sharing of information could include demonstration field days, articles, one-on-one mentoring, Cooperative Extension workshops, etc. If your grant proposal is selected please describe how you would share information about your project and lessons learned. *(This must be completed in the year you receive your grant funds.*

[Type text]

 **Previous Grant Funds:** Have you, your spouse or farm business partner received grant funds for the farm operation? If yes, briefly describe your previous grant project(s). What did you learn from your successes and your challenges? Did you achieve your intended goals? Did your income increase as a result of the project?

 [Type text]

**Budget:** Your budget should show how the grant funds will be used on your project. Estimate project expenses for**: project related salaries, equipment rental, materials and supplies, consultants or subcontractors, marketing and education costs, travel and communication**. If labor is included, please specify “contractor” or “employee.” The applicant’s labor or that of his/her immediate family is considered in-kind and should not be included in the budget.

Items or services paid for with Grant Award funds

|  |  |
| --- | --- |
| **Items or Services** | **Estimated Cost (Get quotes)** |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |

**Items paid for with funds from other sources, include your 10% cost share on this table**.

|  |  |
| --- | --- |
| **Items or services** | **Funds from other sources** |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
|  **Total** | [Type text] |

**Items contributed in-kind (The grant review committee looks favorably on project proposals that have found ways to “stretch a dollar” such as sharing equipment, exchanging labor etc.)**

|  |  |
| --- | --- |
| **Items or services** | **In-kind contributions** |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| [Type text] | [Type text] |
| **Total** |  |

**Project Impacts Table** (Please estimate)

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **First Year** | **Second Year** | **Third Year** |
| Number of acres being farmed? | [Type text] | [Type text] | [Type text] |
| Number of jobs sustained? | [Type text] | [Type text] | [Type text] |
| Number of workers re-employed? | [Type text] | [Type text] | [Type text] |
| Number of new jobs created? | [Type text] | [Type text] | [Type text] |
| Number of new part-time or seasonal jobs? | [Type text] | [Type text] | [Type text] |
| Volume of Product Sold | [Type text] | [Type text] | [Type text] |
| Estimated new income  | [Type text] | [Type text] | [Type text] |

Please list any other people that will be providing assistance or guidance with your project. Please submit two letters of support that clearly state what assistance they are providing. For example you might seek help with marketing strategies from the Small Business center at your Community College.

**Name Affiliation Phone/Email**

[Type text]

[Type text]

**Applications must be reviewed by an NC Cooperative Extension Agent. Please arrange an appointment (by Dec. 14, 2015) with your Extension Agent to receive assistance on developing your grant proposal.**

**The Deadline for Application Submissions is 5:00 PM January 6, 2016** (Anticipated date for notifying the winners is February 22, 2016.)

**Applications must be submitted through email, by your Extension agent.**

**Checklist:**

* Completed application packet
* Reference letters or letters of support (No more than 2)
* Additional information materials that would be helpful to the reviewers such as brochures, photos, blueprints, equipment quotes etc.
* Read, sign, and attach the **No Overdue Taxes and Conflict of Interest Form** attached to the end of this application. *(This form needs to be notarized.) Many banks offer notary services, or ask your Extension Agent for help in locating a notary.*

**Letters, quotes and additional materials, should be scanned and emailed with application.**

*Signatures*

[Type text]

*Applicant's Signature*

[Type text]

*Date*

***Note****: The grant funds are taxable income. If you are awarded the grant you will be required to fill out a W-9 form requesting an Employer Identification Number for your business or your Social Security Number. We will file a 1099-Miscellaneous with the IRS in the name of the check recipient at the end of 2016. Check with your tax account to determine the best way to handle the grant funds.*

Form and Contents Approved by the Office of the State Auditor 11-9-2006

**State Grant Certification – For Individual Sub Grantees**

**No Overdue Taxes1 and Conflict of Interest**

1 G.S. 105-243.1 defines “Overdue tax debt. – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement.”

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [*Insert Date of Certification*]**

**To: NC TOBACCO TRUST FUND COMMISSION & NC AGRICULTURAL FOUNDATION, INC.**

**Certification:**

I certify that I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[*Insert Your Name]***, do not have any overdue tax debts, as defined by North Carolina G.S. 105-243.1, at the federal, state, or local level. I further certify that I will not use funds awarded by this grant to satisfy any subsequent tax obligations.

Additionally, I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[*Insert Your Name]****,* certify that I do not have any personal and/or professional relationships with the NC Tobacco Trust Fund Commission, NC Agricultural Foundation, Inc. and/or any of its’ employees or governing Board, as defined by North Carolina G.S. 143C-6-23(b) (c), that have been used to in any way influence the potential of an award or an official award of funds to me. I further understand that a false statement made is in violation of North Carolina G.S. 143C-6-23 and such false statement would be a criminal offense punishable as provided by North Carolina G.S. 143C-10-1.

**Sworn Statement:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[*Insert Your Nam*e]** certify that I am a resident of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **[*Insert Name of Town or City*]** in the State of North Carolina. I also acknowledge and understand that any misuse of State funds will be reported to the appropriate authorities for further action.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[***Signature of Individual*]**

Sworn to and subscribed before me on the day of the date of said certification

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**[*Signature of Notary*]**

My Commission Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_