



# Local Program Support Grant Application

(Revised 11/2004)

Mail to the National FFA Alumni Office, 6060 FFA Drive, PO Box 68960, Indianapolis, IN 46268-0960  
For information and eligibility requirements see **Alumni Manual** To be judged entries must be postmarked by **July 1**

Chapter \_\_\_\_\_ Chapter Number \_\_\_\_\_

High School \_\_\_\_\_ School Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Chapter Advisor \_\_\_\_\_ Signature \_\_\_\_\_

Chapter President \_\_\_\_\_ Signature \_\_\_\_\_

Local Alumni Affiliate \_\_\_\_\_

Local Alumni President \_\_\_\_\_ Signature \_\_\_\_\_

Project Name \_\_\_\_\_

*Additional pages may be added if necessary*

**A. Goals/objectives - 20%:** (What do you want to accomplish?)

**B. Plan of action - 10%:** (Who, what, when, where, why, how?)

**C. Impact - 40%:** (How will this project make an impact on your members and/or program?)



D. **Budget - 20%:** (Indicate expenses, resources, materials and cash needed to complete the project. Indicate the total amount needed.)

Item #	Description of Item	Unit Cost	Quantity	Total Cost
1.		\$		\$
2.		\$		\$
3.		\$		\$
4.		\$		\$
5.		\$		\$
6.		\$		\$
7.		\$		\$
8.		\$		\$
9.		\$		\$
10.		\$		\$
TOTAL COST OF PROJECT				\$

E. **Other - 10%:** Below list any other information you feel is vital to your request or which the committee should consider.

Project Name: \_\_\_\_\_

### GRANT COMMITTEE EVALUATION

Objectives: \_\_\_\_\_ / 20%  
 Plan of Action: \_\_\_\_\_ / 10%  
 Impact: \_\_\_\_\_ / 40%  
 Budget: \_\_\_\_\_ / 20%  
 Other: \_\_\_\_\_ / 10%



Application Total: \_\_\_\_\_

Total Awarded: \$ \_\_\_\_\_