

\* Denotes a required field.

**Organization Information**

Name of Group*	<input type="text"/>	Website Address	<input type="text"/>
Contact Person*	<input type="text"/>	Email Address*	<input type="text"/>
Title	<input type="text"/>	Phone Number*	<input type="text"/>
Fax Number	<input type="text"/>	County*	<input type="text"/>
Street Address*	<input type="text"/>	City*	<input type="text"/>
State*	<input type="text"/>	Zip Code*	<input type="text"/>

Organization Structure (Check all that apply)\*

- |  |   |
|--|---|
| <input type="checkbox"/> 501 C(3) Not-for-profit         | <input type="checkbox"/> Public Agency                      |
| <input type="checkbox"/> Collaborative Organization      | <input type="checkbox"/> Religious Organization             |
| <input type="checkbox"/> Community Organization          | <input type="checkbox"/> School Affiliated (FFA, NHS, etc.) |
| <input type="checkbox"/> Emergency Response Organization | <input type="checkbox"/> Unit of Government                 |
| <input type="checkbox"/> Educational Institution         | <input type="checkbox"/> Other (Please describe below)      |

Overview and history of the organization\*

Mission and goals of the organization\*

Community your organization serves (population, geographic area, demographics, etc.)\*

How did you hear about this program?\*

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**Program/Project Information**

Please choose a category for your grant application\*

- Education [Learn More](#)
- Environment [Learn More](#)
- Technology [Learn More](#)
- Quality of Life [Learn More](#)

Program/Project Timeline (Please click on the small calendar icon to choose dates)

Start Date\* 

End Date\* 

Please Indicate\*

- This is an Ongoing Project
- This is a one time event

Please provide a descriptive title of Applicant's Project.\*

Please provide a detailed description of your request.\*

Purpose of your request (describe project goals and objectives).\*

The specific need(s) this request will meet and who will benefit from your request.\*

Areas affected by Project (Cities, Counties, States, etc.)\*

Describe the measured outcomes, impact on the community and results anticipated.\*

Describe the responsibilities and staff needed specific to this request.\*

How does this project/program fit with AgStar Fund priorities as outlined?\*

\* Denotes a required field.

**Request for Funding**

Please describe the current funding status of this request (not funded, seeking other funding, partially funded, etc.)\*

**Funding Request**

Amount Requested from the AgStar Fund for Rural America\* \$

Total Program/Project Budget\* \$

Total Annual Organization Budget\* \$

Funds are being requested for (check all that apply)\*

- Capital  Staff or Consultants
- General Operating Support  Start-up Cost
- Project/Program Support  Technical Assistance
- Other (Please describe below)

List of other funders who are supporting this program/project

Funder	Amount	
	\$ <input style="width: 100%;" type="text"/>	<input type="radio"/> Committed <input type="radio"/> Pending
	\$ <input style="width: 100%;" type="text"/>	<input type="radio"/> Committed <input type="radio"/> Pending
	\$ <input style="width: 100%;" type="text"/>	<input type="radio"/> Committed <input type="radio"/> Pending
	\$ <input style="width: 100%;" type="text"/>	<input type="radio"/> Committed <input type="radio"/> Pending
	\$ <input style="width: 100%;" type="text"/>	<input type="radio"/> Committed <input type="radio"/> Pending

Additional comments or information to support your request.

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