



AFBF Use Only:

Entrant # _____

2017 Our Food Link Grant Application

Our Food Link Grant Applications must be submitted by
Monday, May 15, 2017, at 11:59 p.m. Eastern Time.

**Electronic submission of this form is required. Hand written and/or scanned entries will not be accepted.
Applications should be submitted to Maggie Dean Good (maggied@fb.org).
Confirmation of receipt is your responsibility.**

Farm Bureau Contact Information:

State Farm Bureau: _____

County Farm Bureau: _____

Who is completing this OFL Grant Application?

- I am the person who led the project
- I am completing the report on behalf of the project lead

Applicant Name: _____ Phone Number: _____

Email: _____

Grant Payment Information

Attn: _____

Address: _____

Address Line 2: _____

City: _____

State/Province/Region: _____

Postal/ Zip Code: _____

DO NOT INCLUDE THE NAME OF YOUR STATE, COUNTY OR TOWN IN THIS APPLICATION.

PROJECT INFORMATION

Select the category your project best represents:

Farm to Fork

Farm to School

Farm to Community

Title of Project: _____

Please provide a brief description of your project (1500 character max):

What are the primary objectives of this project (please list 3-5)?

1. _____
2. _____
3. _____
4. _____
5. _____

Who is your target audience(s)? (Select all that apply)

Youth

Adults

Teachers

Mothers

Consumers

Other

Families

Students

If you select other, please describe the audience: _____

Explain how this project will build consumer trust in the groups you selected above. (1000 character max)

PLAN FOR PUBLICITY

- Newspaper
- Magazine
- Radio
- Television
- Social Media

Describe your media outreach plan in regards to the outlets selected above (1000 character max):

Supporting Documents

- Please attach the projected budget for the project. The budget should include any outside Farm Bureau sponsorship contributions.
*Reminder: Grants are \$500
- Please attach a detailed timeline for your project.
- Other non-required supporting documents.

The information included in this grant application is true and accurate

- I agree that the above statement is true

If I receive an Our Food Link Grant, I will complete a report and submit it to AFBF no later than November 3, 2017.

- I agree that the above statement is true

I confirm that the state Farm Bureau contact provided is a state Program Coordinator, Organization Director or Director of Field Services and supports this Our Food Link report. AFBF may contact the individual with any questions in regards to the submitted grant application.

- I agree that the above statement is true

Name of State Farm Bureau Contact: _____

Email of State Farm Bureau Contact: _____

Phone Number of State Farm Bureau Contact: _____