**Western North Carolina Agricultural Options**

**2022 Application for Individual Farm Businesses**

**Instructions for Applying**

Thank you for your interest in the WNC Agricultural Options Program. *WNC AgOptions builds sustainable farming communities in our mountain region by providing resources directly to farmers who are diversifying or expanding their operations.*

WNC AgOptions is funded by the North Carolina Tobacco Trust Fund Commission and works in partnership with WNC Communities. For more information on the North Carolina Tobacco Trust Fund Commission, visit: [http://www.tobaccotrustfund.org/](about:blank)

Additional support to WNC Communities for the WNC AgOptions program provided by the Dogwood Health Trust.

Members of the WNC AgOptions steering committee include: representatives from the N.C. Cooperative Extension, N.C. Department of Agriculture & Consumer Services, Appalachian Sustainable Agriculture Project and other agricultural business leaders.

**Who should apply?** Applicants are residents of North Carolina\* who demonstrate the economic viability of farms in Western North Carolina. Support is provided to individual farmers/farms that are diversifying or expanding their operations to increase farm income and encourage the sustainability of the farm businesses. The farm must be one in which the family holds the financial responsibility, takes the risks, and provides the majority of the management decisions for the farm business. WNC AgOptions awards grants to a variety of farm operations, including: fruits & vegetables, livestock, nurseries, agritourism, beekeeping and value-added processing. While agriculture is a varied and diverse industry that can be defined in many ways, WNC AgOptions favors applicants who operate a business and manage land for the purpose of producing crops for harvest and sale. Any funding requests should be for items directly related to the growing and harvesting of crops for sale, including livestock. WNC AgOptions also favors agritourism operations that are for the purpose of inviting the public on farm to increase sales of farm products.

\*Eligible applicants must reside and project must be located in the West District of NC Cooperative Extension Service, which encompasses the following 22 counties/areas: Avery, Buncombe, Burke, Caldwell, Clay, Cherokee, Cleveland, Eastern Band of Cherokee Indians (projects on tribal land), Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga and Yancey.

Current employees and their spouses of N.C. Cooperative Extension, NCSU, NCA&T, NCDA&CS, WNC Communities; members of the WNC AgOptions Steering Committee and their spouses; board members of WNC Communities and their spouses are not eligible to receive WNC AgOptions grants.

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

* Are diversifying or expanding their operations so that they remain sustainable for this and future generations;
* Currently or previously grew tobacco in North Carolina;
* Show they follow typical procedures of a legitimate farm business, such as acquiring a NC Department of Revenue Tax Exemption number, having a Farm Service Agency farm number; and filing a Schedule F or equivalent Schedule C (or equivalent) with the Internal Revenue Service;
* Generate more than one-half of their household income from crops or products produced on farm;
* Have sufficient experience and expertise to accomplish the projects and/or have identified the proper cooperators to supplement gaps in their skills and abilities;
* Actively participate in grower associations or other commodity group meetings;
* Have sufficiently researched the production methods, markets, expenses and timeline for their projects;
* Are proposing projects that demonstrate successful farming practices, methods, and/or markets to the agriculture community;
* Exhibit working relationships with their local Cooperative Extension Agents;
* Have included two qualifying letters of support from additional cooperators, which can include purchasers, advisors, consultants, agricultural specialists, other granting agencies or loan officers (see details in application);
* Have NOT received funding from WNC AgOptions from 2004 to 2021 and have NOT received funding from the Tobacco Communities Reinvestment Fund offered through RAFI, USA from 2009-2011. Recipients who have previously received a total of three WNC AgOptions/RAFI grants are not eligible for a fourth.

*Farmers who do not meet all of these criteria are still encouraged to apply.*

**How are applications reviewed?** Projects are ranked via a numeric scoring system based on the strength of the answers in the application. Approximately 25 leaders in the agriculture field throughout Western North Carolina participate in the review process, and a team of reviewers score each application. The WNC AgOptions Steering Committee uses these scores as the primary guide in determining final grant recipients.

**How can the grant be spent?** Suitable expenses are those associated with the production and marketing of diversified farm enterprises and agritourism endeavors. Examples include, but are not limited to: seeds, fertilizer, plants, amendments, livestock, trainings, advertisements, packaging, fences, signage, facilities, supplies, tools and specialized equipment. Items that *cannot* be funded by the award include: farmer labor, pre-existing farm debt, and expenses that are dated outside of the grant period from January 24, 2022 through November 30, 2022.

Funds must be used as stated in the applicant’s proposal. Use of funds inconsistent with the proposal will result in forfeiture of award and repayment of funds.

**How much is awarded?** The amount of award can be: $4000 or $8000. WNC AgOptions will provide cash awards to projects with budgets that are at least 10% higher than the amount of the award request. An award request of $4000 would require a project budget of at least $4400 and a $8000 award request would require a budget of at least $8800. Please note: Grant awards for the WNC AgOptions’ 2022 cycle are contingent upon the availability of funds to it to fund this project.

**How is the grant money distributed?** All recipients are required to attend a grantee orientation, where they will receive their first allotment of funds. All recipients are also required to submit a business plan during the course of the 2022 cycle, at which point a second allotment will be released. Recipients receive a third and final payment upon completion of the grant requirements.

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**When are applications due?** Applications must be **received** by December 17, 2021. Emailed applications will be accepted – see email requirements below. Only one application per farm will be accepted. If sending a hard copy, make sure your application reaches WNC Communities by December 17 by 5:00 p.m. A traceable/trackable mailing method is suggested. Completed applications should be mailed or hand delivered (a drop box is located next to the mailbox) to:

**WNC AgOptions Project Coordinator**

**WNC Communities**

**594 Brevard Rd.**

**Asheville, NC 28806**

**Email Requirements:**

* All application documents, including attachments, must be in PDF format.
* All sections of application must be submitted; including SECTIONS VI, VII and VIII (scans are acceptable). If awarded, you will need to provide originals before any money is dispersed.
* Application should be in a single PDF file if possible. If file is too big, additional attachments can be sent as one document and the application as a separate document.
* Emailed applications must be received by NOON on Friday, December 17, 2021.
* Email application to [**agoptions@wnccommunities.org**](about:blank)**.**
* Please include the words **2022 WNC AgOptions Application** in the subject line.

**Tips for writing a successful proposal:**

1. Plan and research your topic and market thoroughly. Review the WNC AgOptions website at [http://www.wncagoptions.org](about:blank) to gather ideas.

2. Arrange an appointment with an N.C. Cooperative Extension Agent by the **November 12, 2021** Intent to Apply deadline and receive assistance on developing your project proposal. Those who do not meet the Intent to Apply deadline may not receive all points possible from reviewers.

3. Write the proposal as if the reader is not familiar with your particular type of farming operation. Be as concise yet thorough as possible.

**Procedures and Timeline for WNC AgOptions Proposals**

* November 12, 2021: Intent to Apply Deadline. All applicants should contact their county Cooperative Extension Agents to set up an appointment to discuss their projects.
* December 17, 2021: Application deadline – mailed applications must be received by this date. Email must be received by NOON. **Applications that are received after the due date or have incomplete information will not be considered for review.**
* January 3 and 4, 2022: WNC AgOptions representatives may contact finalists for phone interviews if additional information is required.
* The week of January 24, 2022: Letters of acceptance or regrets will be mailed to all applicants.
* Thursday, February 17, 2022: Recipients are required to attend a one-day program orientation/educational workshop. Details will be mailed with acceptance notification.

**Requirements of 2022 WNC AgOptions Grant Recipients:**

1. Recipients must reside in and projects must be located within the 22-county/unit area, which encompasses the following: Avery, Buncombe, Burke, Caldwell, Clay, Cherokee, Cleveland, Eastern Band of Cherokee Indians (on tribal land), Graham, Haywood, Henderson, Jackson, Macon, Madison, McDowell, Mitchell, Polk, Rutherford, Swain, Transylvania, Watauga and Yancey.
2. Recipient must be a family farm—one in which the family holds the financial responsibility, takes the risks, and provides the majority of the management decisions for the farm business.
3. Recipients must provide a financial contribution of 10% or more of their total grant award towards their total project budget.
4. Recipients must keep accurate production and financial records on the project and supply a copy of those records at the completion of the project. Copies of receipts for project expenditures will be required. Recipients’ project expenditures must be at least 10% higher than their award amount.
5. Recipients must be available via mail and/or phone calls throughout the year. Email access is very helpful.
6. Recipients must attend the WNC AgOptions orientation and will receive their first allotment of the grant there.
7. A WNC AgOptions representative will visit each of the recipients’ farms at least once to discuss progress on the projects.
8. Recipients must submit business plans for their project to WNC AgOptions by June 30, 2022 to receive their second allotment of grant funds.
9. Recipients must complete final income and expense reports, a North Carolina state compliance reporting form, plus a survey that provides feedback about the program and results of their project, by November 30, 2022 to receive the final $500 allotment.
10. Recipients will recognize WNC AgOptions and the North Carolina Tobacco Trust Fund Commission as the funders/supporters of the project in all materials/marketing/advertising used to promote the project (WNC AgOptions will provide appropriate logos, usage guide and yard sign).
11. WNC AgOptions will include the recipients’ projects in public relations, outreach, demonstration and education in 2022 and future years.
12. 2022 WNC AgOptions recipients cannot participate in any other NC TTFC funded cost share program the within the calendar year.

**PROGRAM CONTACT: Applicants should direct all questions regarding this application to :**

**WNC AgOptions**

**(828) 252-4783**

**agoptions@wnccommunities.org**





**Western North Carolina Agricultural Options**

**2022 Application for Individual Farm Businesses**

Please fill out all sections of this application. Typed applications are highly recommended and preferred.

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

**COUNTY of Project Location:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant request amount (please check one): $4,000 ⬜ $8,000 ⬜**

**Total project budget amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Section I. APPLICANT INFORMATION**

*Note: The grant funds are considered taxable income, and WNC Communities will file a 1099 with the IRS in the name of the recipient at the end of 2022. You will be required to fill out a W-9 form requesting an Employer Identification Number or a Social Security Number if you are awarded the grant.*

Applicant Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Farm Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code:\_\_\_\_\_\_\_\_\_

Phone and/or Cell Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Website/Facebook/other social media address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Location of Proposed Project (if different than above):

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

1. Do you have a N.C. Department of Revenue Tax Exemption number? YES **⬜** NO **⬜**

2. If applicable, what is your Farm Service Agency number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Do you file a Schedule F or equivalent Schedule C to the IRS? YES **⬜** NO **⬜**

If so, which years did you file? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. What percentage of your household net income is generated from farm products produced on

your farm? \_\_\_\_\_\_\_\_\_\_\_\_\_ %

5. Briefly describe your participation/ leadership in grower associations, commodity meetings or other agricultural events. If possible, name the last three activities (or affiliations) in which you participated, including dates.

For example, *ASAP Business of Farming Conference February 25-27, 2021, Member North Carolina Tomato Growers Association, NCSU Egg Grading School for Small Flock Producers, etc.*

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Farming History

*(Feel free to add or delete rows in the table depending on the number of ventures at your farm.)*

|  |  |  |
| --- | --- | --- |
| **Farm Venture: Products and/or Services**  ***Include # of acres and/or livestock*** | **Description of Markets or**  **No. of Customers\*** | **Dates of Business** |
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*\*If you have not sold agriculture products thus far, please state the year you expect to do so. Feel free to elaborate in the space provided for question #7.*

7. Elaborate on the farming history listed above, along with any other relevant professional and educational experience. How significant of an impact does your farm make to you, your family and your community, including food supply, quality of life and income? Which years, if any, have you farmed full-time? (375 words maximum)

8. Please answer the following questions about your tobacco growing history in North Carolina. If you owned an allotment but did not farm the crop, please do not include those years or acres.

Are you presently growing tobacco? YES **⬜** NO **⬜**

Have you ever grown tobacco? YES **⬜** NO **⬜**

If yes, which years (for example, 1968 to 1997)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximately how many acres of tobacco did you farm? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your family grow tobacco on the same land that you are farming now? YES **⬜** NO **⬜**

**Section II. THE PROJECT AND PROPOSAL**

1. Please provide a description of your proposed farm project. How will the project fit into your existing farming operation? How will you handle the additional workload? Include any research into production methods that you will be introducing to your operation. (750 words maximum)

1. What are the anticipated outcomes of your project? (500 words maximum)
2. How do you plan to market or sell your farm business, product and/or experience? (250 words maximum)

4. How will this project enhance or increase your capability to continue farming and increase the long term economic viability of your farm? (250 words maximum)

1. Explain how your project could provide demonstration of exemplary practices to your county’s agriculture community, including transitioning tobacco farmers. Examples of demonstration include farm tours, Extension field days, workshops, etc. Provide context for your project, i.e. how unique is your operation in your county? (250 words maximum)

6. Please provide a timeline for your project. Indicate the project activities you will accomplish.

| Month | 2022 Project Activities |
| --- | --- |
| **January** |  |
| **February** | Attend WNC AgOptions orientation. |
| **March** |  |
| **April** |  |
| **May** |  |
| **June** |  |
| **July** |  |
| **August** |  |
| **September** |  |
| **October** |  |
| **November** |  |
| **December** |  |

7. **Proposed Financials**: Please use the following worksheet (or include a format of your choice) to outline the financial plan for your proposed project. A financial plan should include your estimated expenses, any in-kind contributions, and your expected income for years one and two of your proposed project. If there is a cost savings to your operation because of your project, please provide an explanation for the savings. Use these calculations to provide a detailed list on the charts provided on the following two pages.

|  |  |  |  |
| --- | --- | --- | --- |
| Project Name |  |  |  |
|  |  |  |  |
| **Income** | 2022 | 2023 | Explanation of income *i.e.*, number of head, quantity of product sold, events/services |
|  | $ | $ |  |
| Sale of products |  |  |  |
| Sale of services |  |  |  |
|  |  |  |  |
| **Savings** |  |  | Explanation for savings |
| Money saved because of project |  |  |  |
|  |  |  |  |
| **Expenses** |  |  | Explanation of expenses |
| *Examples:* |  |  |  |
| *Seeds/Plants* |  |  |  |
| *Fertilizer/amendments* |  |  |  |
| *Pest control* |  |  |  |
| *Energy* |  |  |  |
| *Equipment* |  |  |  |
| *Labor* |  |  |  |
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**Budget:***List proposed expenses and income for this project/proposal only. You do not need to submit a budget for your entire operation (unless it is applicable), but if you wish to do so, attach it as a separate spreadsheet. If labor is included, please specify “contractor” or “employee.” The applicant’s or his/her immediate family’s labor is considered in-kind and should not be included in the expense section. You may list all in-kind contributions, such as the value of your (or your immediate family’s) labor, supplies, equipment, land, etc. in the Estimated In-kind Contributions section below. In-kind contributions do not count towards the project budget.*

**Estimated Expenses for 2022 Grant Project**

|  |  |
| --- | --- |
| ***Line Item*** | ***Estimated Expenses*** |
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| ***\*TOTAL GRANT PROJECT BUDGET*** | ***$*** |

*\*Budget total must be at least 10% higher than the requested award amount. A $4000 grant request requires a budget of at least $4400; an $8000 request requires a budget of at least $8800.*

**Estimated In-kind Contributions for Grant Project**

|  |  |
| --- | --- |
| ***In-Kind Item*** | ***Estimated Contribution*** |
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| ***TOTAL IN-KIND CONTRIBUTION*** | ***$*** |

**Income:** Please list expected income as a direct result of your proposed project. If your project is not expected to generate income in the next two years, please provide an explanation and estimated income for the first two when you expect to make a profit.

**Expected Income for Year One (2022)**

|  |  |
| --- | --- |
| ***Product/Market*** | ***Estimated Income*** |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |
| ***TOTAL*** | ***$*** |

**Expected Income for Year Two (2023)**

|  |  |
| --- | --- |
| ***Product/Market*** | ***Estimated Income*** |
|  |  |
|  |  |
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|  |  |
| ***TOTAL*** | ***$*** |

If not referenced elsewhere in your application, please provide an explanation and/or supporting information to show how the above income numbers were estimated:

**Section III. COOPERATING AGENT**

Who is your local Cooperative Extension Agent who will be working with you on this project?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County: ­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section IV. ADDITIONAL COOPERATORS AND LETTERS OF SUPPORT**

In addition to your Cooperating Extension Agent named above, provide the names of any other people who are providing a letter of support for you and your project. You will receive points for two qualifying letters of support that **clearly state the cooperator’s participation in the project, *i.e.,* production assistance, marketing assistance, etc.** You may submit more than two letters, but can only receive a maximum of 2 points. Please note:

* Letters may be written by purchasers, other farmers, marketing and production specialists, neighboring county or Area Extension Agents, crop consultants, non-profit organizations, businesses and other agriculture advisors.
* If mailing your application, letters should be attached to your application.
* If emailing, letters should be scanned and added to your application file.
* Do not have letter writers send the letters directly to WNC Communities/WNC AgOptions.
* Letters should not be character references only.

Cooperator's Name Affiliation Phone/Email

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**Section V. PRIOR FUNDING FROM NC TOBACCO TRUST FUND COMMISSION**

1. Have you ever received funding from the following programs supported by the N.C. Tobacco Trust Fund Commission?

NCDA&CS Agritourism Cost-Share YES ⬜ NO ⬜

RC&D Energy Conservation Assistance Program (energyCAP) YES ⬜ NO ⬜

If yes, list the amount you were awarded, and the date of the award(s).

**Section VI. FORMER WNC AGOPTIONS AND RAFI, USA (Tobacco Communities Reinvestment Fund) RECIPIENTS ONLY**

1. Have you, your spouse or farm business partner received a WNC AgOptions grant any year between 2004 to 2021 or a grant from RAFI, USA’s Tobacco Communities Reinvestment Fund in the years 2009-2011?

WNC AGOPTIONS GRANT YES **⬜** NO **⬜** If yes, which year(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_

RAFI, USA GRANT YES **⬜** NO **⬜** If yes, which year(s)?\_\_\_\_\_\_\_\_\_\_\_\_\_

2. 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? (400 words maximum)

3. Explain your outreach plan to farmers in your community. Outreach includes field days, articles, one-on-one mentoring, Cooperative Extension workshops, etc. (250 words maximum)

**Section VII. SUB-GRANTEE STATE CERTIFICATION**

Applicant must sign and **have notarized** ATTACHMENT A (page 15): State Certification of No Overdue Taxes/Conflict of Interest form. **Emailed applications can include a scan, but the original notarized page will be required should you be awarded a grant.**

**Section VIII. VERIFICATION**

The applicant **MUST** sign the following statements:

* Applicant is a resident of North Carolina and resides within the 22 unit/county served by WNC AgOptions.
* Applicant possesses all legal rights/permissions to use resources (including land, equipment, etc.) as indicated in this application to complete the proposed project.
* Applicant will follow all applicable state and federal laws regarding the sale of farm products.
* Applicant currently possesses all required legal certifications, permits, registrations, etc. necessary for producing and selling farm products.
* The funds granted will be used exclusively for the project as described in this request. The requirements of WNC AgOptions award recipients have been read and agreed to.
* The information provided in this application is correct and complete to the best of my knowledge.
* Applicants being considered for funding may be contacted for more information about their projects. Site visits and/or telephone interviews may be requested.
* The applicant understands that this application and all attachments submitted are public records.

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed by (Please Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Emailed applications can include a scan, but original signature will be required should you be awarded a grant.

## CHECKLIST

**Please make sure the following items are included with your application. If emailing, application should be in a single PDF file, if possible. If file is too big, the attachments can be sent as one document and the application as a separate document. Applications with incomplete information will not be considered for review.**

**Please do not use notebooks or other binders.**

**Typed applications are preferred.**

* Section I. APPLICANT INFORMATION
* Section II. THE PROJECT AND PROPOSAL
* Section III. COOPERTING AGANT
* Section IV. ADDITIONAL COOPERATORS AND LETTERS OF SUPPORT
* Section V. PRIOR FUNDING FROM NC TTFC
* Section VI. FORMER WNC AGOPTIONS/RAFI GRANT RECIPIENTS ONLY
* Section VII. SUBGRANTEE STATE CERTIFICATION FORM (signed and notarized)
* Section VIII. VERIFICATION (signed and dated)
* ADDITIONAL INFORMATION: You may also include additional information such as photos, drawings, etc. Please keep additional information to no more than 5 pages.

**Instructions:** Grant applicants should complete this certification and conflict of interest statement.

The completed, signed and notarized form should be attached to your application.

# **ATTACHMENT A:**

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

# **No Overdue Taxes[[1]](#footnote-1) and Conflict of Interest**

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

To: NC TOBACCO TRUST FUND COMMISSION

WNC COMMUNITIES & WNC AGOPTIONS PROGRAM

**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, WNC Communities, WNC AgOptions program 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.” [↑](#footnote-ref-1)