



## NORTH CAROLINA AGRICULTURAL EDUCATION NORTH CAROLINA FFA

520 Brickhaven Drive · NCSU Box 7654 · Raleigh, NC · 27695-7654 · Tel: 919-515-4206 · Fax: 919-513-3201

<b>Agricultural Education Program Improvement Grant CONTRACT</b>
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Project Coordinators of Agricultural Education Programs receiving the program improvement grant will be responsible for providing the North Carolina State Agricultural Education Staff with biannual progress reports and any requested information as required. A schedule will be provided of important dates and deadlines. Project Coordinators will also be responsible for ensuring that the funds are properly appropriated within the Agricultural Education Program to accomplish the purpose of the grant. Access will be permitted to members of the North Carolina State Agricultural Education staff as well as representatives from the North Carolina Tobacco Trust Fund Commission in order that they may inspect progress and completion of the final project(s).

**As indicated by my signature below, I agree that:**

- Information will be submitted in a timely manner prior to each due date. Biannual reports are due in the Ag Ed Office by the following dates: June 30, 2018 and December 31, 2018.
- Projects will be completed and my final progress report will be submitted no later than December 31, 2018.
- Half of the grant funds will be awarded to the grantee upon receipt of this signed original document by the North Carolina Agricultural Education State Staff with the remaining funds to be awarded upon receipt of proof of project expenditures at or exceeding the grant awarded funds.
- Grant funds may only be used for expenditures on the awarded grant project.
- I am submitting a completed W-9 tax form. (Provided)

**Grant Amount:** \_\_\_\_\_

**School Name:** \_\_\_\_\_

**Fiscal Agent:** \_\_\_\_\_ (Agency receiving the check)

**Project Coordinator's Name:** \_\_\_\_\_

**Project Coordinator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal Name:** \_\_\_\_\_

**Principal Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**CTE Director Name:** \_\_\_\_\_

**CTE Director Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return this signed form to the North Carolina Agricultural Education State Office at the address listed above.**