**NORTH CAROLINA AGRICULTURAL EDUCATION**

**NORTH CAROLINA FFA**

2601 Stinson Drive ∙ NCSU Box 7654 ∙ Raleigh, NC ∙ 27695-7654 ∙ Tel: 919-513-2017 ∙ Fax: 919-513-3201

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| Agricultural Education Program Improvement Grant  **CONTRACT** |

Project Coordinators of Agricultural Education Programs receiving the grant will be responsible for providing the North Carolina Agricultural Education State 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. Progress reports are due via the Reporting Form by the following dates: May 31, 2024, and December 2, 2024.
* Projects will be completed and the final progress report will be submitted by April 1, 2025.
* Grant recipients will be awarded one half of their total budget upon return of the signed grant contract. Grant recipients will be responsible for paying the remaining project balance from other funds or sources. The remaining half of the grant funds will be paid as a reimbursement upon the completion of the project and after final reports have been submitted and approved by the North Carolina Agricultural Education State Staff.
* Grant funds may only be used for expenditures on the awarded grant project.

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

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

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

**Fiscal Agent Contact Name:**

**Fiscal Agent Contact Email: \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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 ncagedgrant@gmail.com by March 4, 2024.**