**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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| Student Beekeeping Grant**CONTRACT** |

Project Coordinators of Agricultural Education Programs receiving the grant will be responsible for providing the North Carolina Agricultural Education State Staff with annual 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 in order that they may inspect progress and completion of the final project(s).

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

* FFA chapters that receive the grant are required to maintain the beekeeping program for at least three years.
* Grant recipients are required to work in conjunction with their local beekeeper’s association to establish and maintain the project. The volunteer/donated hours provided by the local beekeeper’s association satisfies the matching requirements of the grant.
* Grant recipients are required to submit an annual report via the online Reporting Form that summarizes the work accomplished. This report is required annually for three years after the grant is awarded: July 1, 2023; July 1, 2024; and July 1, 2025.
* Grant funds may only be used for expenditures on the awarded grant project.

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

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

Fiscal Agent (to whom the check will be payable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fiscal Agent Contact Name (for billing questions): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

Beekeeper’s Assoc. Representative Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Beekeeper Rep. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Please return this signed form to the North Carolina Agricultural Education State Office
at ncagedgrant@gmail.com by Wednesday, May 25, 2022.**