**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

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

Project Coordinators of Agricultural Education Programs receiving the program improvement grant will be responsible for providing the North Carolina State Agricultural Education Staff with quarterly 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. Quarterly reports are due in the Ag Ed Office by the following dates: April 1, 2016, July 1, 2016, and October 1, 2016.
* My final progress report is due no later than December 31, 2016.
* 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 the final progress report.
* I am submitting a completed W-9 tax form. (Provided)

**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.**