



**TOBACCO COMMUNITIES REINVESTMENT FUND**  
RURAL ADVANCEMENT FOUNDATION INTERNATIONAL-USA  
274 ELEMENTARY SCHOOL ROAD·PO BOX 640·PITTSBORO, NC 27312·919-542-1396  
WWW.RAFIUSA.ORG

(This is the top page of your application)

**PLEASE READ THE INSTRUCTION SHEET AND BE FAMILIAR WITH ELIGIBILITY REQUIREMENTS AND CRITERIA BEFORE COMPLETING AN APPLICATION. YOU CAN VIEW THESE MATERIALS AT [WWW.RAFIUSA.ORG](http://WWW.RAFIUSA.ORG).**

**PROPOSALS MUST BE RECEIVED AT THE RAFI OFFICE BY 5:00 PM ON January 13, 2010**

**PROJECT TITLE:** \_\_\_\_\_

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

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Daytime message phone or cell phone:** \_\_\_\_\_

**Are you an active farmer? YES or NO**

**What percent of your total household income comes from farming? \_\_\_\_\_ %**

**What percent of your income came from tobacco at the time of the Master Settlement Agreement (Crop year 1997-1998)? \_\_\_\_\_ %**

**In what county is your base farming operation located? \_\_\_\_\_**

**Will this project create an opportunity for a new generation of farmers to be employed on the farm? YES or NO**

**How much money are you requesting from RAFI (up to \$10,000)? \$ \_\_\_\_\_**

Please try to answer the questions in the space provided. You may attach additional pages as necessary, but please limit your total application packet to 15 pages. Be sure to type or print clearly. Please, read the

**GRANT INFORMATION SHEET and the Producer Grant Evaluation Worksheet** before completing this form. If you need further information, contact RAFI-USA @ 919-542-1396, ext 205 or 919-323-7587

1. Briefly describe your project.

2. What is new or innovative about your project? How is your project different than what others in your community are already doing? Are you aware of other farmers who are doing something similar? If so, where are they located and what are they doing?

3. Describe in detail your plan for completing your project. Tell us what specific tasks need to be completed and give dates by which you will complete those tasks.

4. How will the new project fit into your existing farming operation? Will labor requirements for the new project conflict with your existing workload? How will you handle the additional workload? Will the project require you to hire additional labor? If so, how many hours and at what wage rate?





**2010 Producer Grant Application  
 PRODUCER GRANT PROPOSAL FORM  
 Tobacco Communities Reinvestment Fund**

**BUDGET FORM**

Use the following pages to estimate your budget. Please list all of your expected expenses in the appropriate categories and calculate a total on the last page. Your budget should clearly show how grant funds will be used on your project. Grant awards can be up to \$10,000.

Items that you list under the **Grant Contribution** heading are those for which you will use grant funds provided by the Tobacco Communities Reinvestment Fund.

Items that you list under the **Cost-share** heading are your contribution to the project. Cost-share contribution can be either direct in terms of actual cash expenditures or in-kind in terms of the value of your labor, equipment, land, etc. that you will use for the project. *No set amount of cost-share is required.*

1. Analysis, Consultants, Subcontractors, and Other Off-farm Services

**Grant Contribution**

Item	Quantity	Cost per Unit	Total
Total grant contribution for Analysis, Consultants, Subcontractors, and Other Off-farm Services:			

**Cost-share Contribution**

Item	Quantity	Cost per Unit	Total
Total cost-share contribution for Analysis, Consultants, Subcontractors, and Other Off-farm Services:			

2. Personnel Salaries *\*Note: Only labor directly related to the grant activities over and above normal farm operations is eligible for funding.*

**Grant Contribution**

Employee	# of Hours	Hourly Wage	Total
Total grant contribution for Personnel Salaries:			

**Cost-share Contribution**

Employee	# of Hours	Hourly Wage	Total
Total cost-share contribution for Personnel Salaries:			

3. Use of Farm Equipment

**Grant Contribution**

Equipment Item	Acres in Project	Charge per Acre	Total
Total grant contribution for Use of Farm Equipment:			

**Cost-share Contribution**

Equipment Item	Acres in Project	Charge per Acre	Total
Total cost-share contribution for Use of Farm Equipment:			

4. Supplies and Materials

**Grant Contribution**

Item	Quantity	Cost per Unit	Total
Total grant contribution for Supplies and Materials:			

**Cost-share Contribution**

Item	Quantity	Cost per Unit	Total
Total cost-share contribution for Supplies and Materials:			

5. Travel

**Grant Contribution**

From/To	Miles per Trip	Cost per Mile	Total
Total grant contribution for Travel:			

**Cost-share Contribution**

From/To	Miles per Trip	Cost per Mile	Total
Total cost-share contribution for Travel:			

6. Communication

**Grant Contribution**

<b>Item</b>	<b># of Units</b>	<b>Cost per Unit</b>	<b>Total</b>
Total grant contribution for Communication:			

**Cost-share Contribution**

<b>Item</b>	<b># of Units</b>	<b>Cost per Unit</b>	<b>Total</b>
Total cost-share contribution for Communication:			

7. Outreach

**Grant Contribution**

<b>Item</b>	<b># of Units</b>	<b>Cost per Unit</b>	<b>Total</b>
Total grant contribution for Outreach:			

**Cost-share Contribution**

<b>Item</b>	<b># of Units</b>	<b>Cost per Unit</b>	<b>Total</b>
Total cost-share contribution for Outreach:			

**BUDGET SUMMARY FORM**

*Please use this worksheet to summarize the information from the previous pages.*

**Grant Contribution by line item:**

<b>Line Item</b>	<b>Grant Contribution</b>	<b>Cost-share Contribution</b>
1. Analysis, Consultants, Subcontractors, and Other Off-farm Services		
2. Personnel Salaries		
3. Use of Farm Equipment		
4. Supplies and Materials		
5. Travel		
6. Communication		
7. Outreach		
<b>TOTAL CONTRIBUTION</b>		

*Please, transfer the total amount of grant contribution to the Amount Requested line on the cover sheet of the application packet.*

If applicable, please list other sources of funding for the project:

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## SIGNATURES

Thank you for your effort in completing the application form. Please, sign the proposal.

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please complete and return to the RAFI-USA office by**

**January 13, 2010 at 5:00 p.m.**

**Mail to:**

**Tobacco Communities Reinvestment Fund  
RAFI-USA  
P.O. Box 640  
274 Elementary School Road  
Pittsboro, NC 27312**



*The Tobacco Communities Reinvestment Fund is supported by a grant from the North Carolina Tobacco Trust Fund Commission.*