

## COMMUNITY ORCHARD AND GARDEN PROJECT GRANT APPLICATION

NORTH DAKOTA DEPARTMENT OF AGRICULTURE BUSINESS, MARKETING AND INFORMATION DIVISION SFN 60731 (11-2020)

## **Return This Form To:**

ndda@nd.gov

ND Department of Agriculture 600 E Boulevard Ave Dept 602 Bismarck, ND 58505-0020 Telephone: 701-328-2231 Fax: 701-328-4567

## **DUE DECEMBER 4, 2020**

## APPLICANT INFORMATION Contact Person/Project Manager (This person will be responsible for the project from start to finish.) As a contact person, do you have authority to enter If No, Name of Person Signing Contract and Telephone Number into a binding contract for your organization? No Name of Organization City State Address ZIP Code Telephone Number Telephone Number **Email Address** PROJECT DESCRIPTION Purpose of the Orchard Project (check all that apply) Fruit production for food security/hunger relief community feeding project such as senior meal program school nutrition program individuals and families Educating youth Promoting healthy eating Community festival Preserving community heritage Enhancing a park or other community space Providing a place of peace and tranquility Describe Project in One Paragraph:

Describe the long term plans for the orchard once it starts producing fruit:
Describe how this project will provide educational expertunities in your community. List appoint estivities planned this can include
Describe how this project will provide educational opportunities in your community. List specific activities planned, this can include
long-term activities.
LOCATION
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If no, why not?							
List specific quantity and variety of trees/bushes/berries you are considering planting:							
Q	uantity Type	Variety					
	, , , , , , , , , , , , , , , , , , ,						
	MUNITY PARTICIPATION AND SUPPORT her groups or organizations that will be involved in	the orchard project					
Liot ot	List other groups or organizations that will be involved in the orchard project						
Which community group(s) will have primary responsibility for care of the orchard?							
Name	Name of Individual That will be Responsible for Irrigating						
Name of Individual That will be Responsible for Annual Pruning/Shaping							
Name of Individual That will be Responsible for Volunteer Coordination							
Has a person at the community or state level with experience and/or technical expertise been identified to help answer questions?							
	Yes No-If yes, provide contact name:						
ORCI	HARD GRANT TIMELINE						
		IA) anticinates finishing the review process in December 2020 and					
The North Dakota Department of Agriculture (NDDA) anticipates finishing the review process in December 2020 and awarded projects will be able to start in early 2021, after the notice of grant award is signed. <b>The orchards must be 100%</b>							
completed by August 31, 2021; no extensions will be given. You will not be reimbursed costs for trees and supplies							
	purchased, to be planted or installed, after the close of the grant on August 31, 2021. In the space below provide a brief explanation of the work that will be completed during each quarter.						
January - March 2021							
Task		Work Plan					

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April	ril - June 2021		
Task	k	Work Plan	
July -	y - August 2021		
Task	k	Work Plan	
Final	al report and final reimbursement due to NDDA	office by September 15, 2021.	
FUND	NDING		
What	at are other potential sources of financial support for	the project?	
How v	v will this orchard be sustained once this funding is g	one?	
BUDO			
Total	al Projected Cost of Project		
Amou	ount Requested from the NDDA		

Funds in the amounts of \$5,000 to \$20,000 will be available. Funds **may not** be used for building permanent structures. Acceptable use of funds includes plants, trees, planting supplies, soil amendments, irrigation or fencing supplies. Capital expenditures **are not** allowed. The North Dakota Department of Agriculture reserves the right to offer an award amount less than the amount requested. If you have questions about the budget, please contact Jamie Good by Email jgood@nd.gov or telephone 701-226-7337.

Please describe how the funds requested will be used by category and amount for each category.

Description		Amount
-	TOTAL AMOUNT	