

SCOPING PRE-APPLICATION

		IVIICK	State	of Alaska		Y	
TSION	F AGRICULTU		Division of	of Agricult	ure		
Project Name:							
Contact Name:							
Address:							
City:					State:	ZIP	:
Phone:		Alternate Ph					•
Email:			a A	8	Lo		
Is this a Joint Application? If YES, please		If YES, please	list ALL co-		Total n	umber of applicant	ts
No: ☐ Yes: ☐ appl		applicant(s)' ir	applicant(s)' information below:			ing (this will auto adjust)):
			Co-Applican	t(s)' Inforr	mation		
Individual/Organization Name:		Co-App	Co-Applicant Phone:		Co-Application Email:		
		X					
		X					
					*		

O O O USA	Project Description (Limit approx. 250 words):	

Target Recipients:			
Outcome Measures:			
Food Insecurity Situation Addressed:			
Sustainability Plan:			
		Budget	
Project	Duration:	Amou	unt Requested:
1 Yea 2 Yea	ar: 🗆	Per Year:	
	ar: 🗆	Total:	X
Brief Budget Description	on:	Equipment/Capitol:	
		Labor:	
		Other Costs:	
		Total Per Individual:	
		Total for the Group: (if applicable)	
Type/Source of Match:		Cost Match Amount Per Individual (10%):	
Printed Name of A	pplicant(s) C	Organization Name(s) (if applicable)	Authorized Signature(s)
		(0)-(0)	
	6		/3/
	(0)		
		Date of Application:	

Completed applications may be submitted to: by mail – Division of Agriculture, ATTN: Grants Coordinator, 1801 S. Margaret Drive, Suite 12, Palmer, AK 99645, or by email – dnr.ag.grants@alaska.gov, or by fax – 907-745-7112

^{**} Applications cannot be submitted in person at this time **