



STATE OF CONNECTICUT
DEPARTMENT OF AGRICULTURE

Marketing Division



CT GROWN JOINT VENTURE GRANT APPLICATION

Please print neatly! Typed applications are preferred

ORGANIZATION: _____

CONTACT: _____ EMAIL _____

TELEPHONE _____ WEBSITE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

- 1. Please provide an overview, on a separate page, of your project(s) that will make use of the CT Grown logo, slogan, or verbiage.
2. Please provide an itemized budget, on a separate page, for your project(s) that will use the CT Grown logo, slogan, or verbiage.
3. Please explain, on a separate page, how each project will improve the visibility of the CT Grown logo.
4. What is the lifespan of your project?
5. What is the project's reach?
6. Have you received grant funds from the Dept of Agriculture in the past?

Total Project Costs: \$ _____

Total Funds Requested: \$ _____

Have you attached the W9 and Vendor Form to this application? This is REQUIRED for a complete application!

Please return this form and all required attachments to: CT Dept of Ag
Attn: Joint Venture Grant Program
165 Capitol Ave, Rm 129
Hartford, CT 06106

The application and all attachments must received by 4:30pm on Monday, May 13, 2013.