



2024 Final Report:

Tompkins County Agriculinary Tourism *Farm to Fork Microgrant Program*

Due December 1st, 2024. *We reserve the right to reallocate funds if you do not meet this deadline.*

Farm or Business Name: _____

Contact Name: _____

Name for the reimbursement check to be made out to.

Address for the reimbursement check to be sent to.

Please briefly reiterate your project.

What, if any challenges, did you face in completing the project?

Did your project change at all, if so, how and why?

Note: Changes to an approved grant needs approval by Grant Coordinator.



Please outline what exactly was completed for the project.

Which numerical goal (pg. 1) did you choose? How will this project help you achieve that goal?

How did your project impact visitation to your business? How are you judging/ measuring the change?

Did the microgrant process meet your expectations? Are there any ways we could improve the microgrant process?

Testimonial about your microgrant experience:



Actual Budget Spent:

Funding Source	Amount	Use of Funding
Owner Financing/Equity		
Bank/Outside Funding		
Microgrant (Max. \$2,000)		
Other (Please specify):		
Total Project Cost		

Don't forget to include:

- Three digital photographs demonstrating project implementation
- Copies of all invoices to be reimbursed, with verification of total project expenditures

I understand I am required to submit a project description, digital photographs and all invoices prior to reimbursement. I have reviewed and agreed to the guidelines, including a post-project check-in with grant coordinator six months following reimbursement of funds. I understand the requirements and agree to abide by the terms:

Signature of Applicant

Date

Printed name of Applicant