



PROJECT PROPOSAL ATTACHMENT A

Project Mgr: _____

SPA: _____

Account #: _____

(For Office Use Only)

| | | | |
|--|------------------------------|---------------------|---------------------|
| Project Title: | | | |
| Organization: | | | |
| Project Leader: | | Phone: | Email: |
| | Prior Project Funding | | |
| | Budget Requested | Prior Year 1 | Prior Year 2 |
| State Date (10/01/XX) | 10/01/2023 | | |
| End Date (09/30/XX) | 09/30/2024 | | |
| Funds Requested | | | |
| Please indicate how many years NSB has funded this project (if applicable): | | | |
| Project Summary: <i>Briefly describe the project and its objectives.</i> | | | |
| | | | |
| How does this project benefit all Nebraska soybean farmers in the short-term and long-term? | | | |
| | | | |
| Choose how your project relates to our strategic plan and describe how it fits? | | | |
| | | | |
| Who is your target audience? | | | |
| | | | |

What other organization(s) did you contact to fund this project? How much was requested?

Estimate the percentage of funding that NSB will contribute towards the **total project**.

(EX: NSB will fund 25%)

Note: NSB requires this percent of recognition and messaging of the project.

%

Proposed Budget Summary:

Please provide:

- Detailed line-item budget (i.e., including but not limited to time, travel, printing, postage, etc.)
- Listing of each collaborator & whether support is in-kind, monetary or both.

TOTAL AMOUNT OF THIS REQUEST:

Note: Contractors must submit a Project Change Request form to NSB for approval when any budget line item exceeds 10% or if the scope of the project changes.

Signature of Project Leader (typed name serves as signature)

Date