

# DATE REQUEST FORM FOR SCHOOL VISITS

# GEORGIA AG EXPERIENCE

A MOBILE CLASSROOM POWERED BY



You must agree to the following statements to proceed with submission.

- Request must be submitted by a trained County Farm Bureau Coordinator. If you have not completed your training and assessment quiz, please register here.
- County Farm Bureau Coordinator must have a county code to proceed with the request.
- Dates requested are not guaranteed. You can register at any time during your designated sign up period. Requests will not be approved until the sign up period has ended. You will be notified via email of the decision.
- The Georgia Ag Experience visit fee for 2021 is \$250 a day. The final fee will be calculated once the request dates are approved. A 50% deposit must be made within 7 days.
- Due to our supportive sponsors, subsidies are available for eligible organizations or schools to help cover up to 80% of the cost. The subsidy program is needs-based and invite-only. Upon approval of your date request, you will be notified if your organization or school is awarded the subsidy.
- If approved, County Farm Bureau Coordinators and School Appointed volunteers are responsible for the logistical and administrative duties outlined in the Prep Packet, which is a document provided via email upon approval.
- At least 1-2 additional county volunteers must attend the visit to support the county coordinator during the day. Online training is suggested for volunteers prior to the visit, but not required.

Agreement\*  I have read and agree to the terms above.

## COUNTY FARM BUREAU DETAILS

### COUNTY OFFICE INFORMATION

Please list the details for the county Georgia Farm Bureau office that is submitting this date request.

COUNTY OFFICE NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip Code*

COUNTY: \_\_\_\_\_ DISTRICT: \_\_\_\_\_

### FB COUNTY COORDINATOR MAIN CONTACT

The GAE main contact for the County Farm Bureau is typically the Office Manager.

FULL NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

*Last*

*First*

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

VIRTUAL TRAINING CODE: \_\_\_\_\_

### ADDITIONAL VOLUNTEER #1 (required)

At least one volunteer, in addition to the main contact/county OM, must be present at every day of the event and arrive early to help set up. A visit will not be approved if a volunteer cannot be present.

FULL NAME: \_\_\_\_\_  
Last First

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### ADDITIONAL VOLUNTEER #2 (optional)

FULL NAME: \_\_\_\_\_  
Last First

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## EVENT DETAILS

### ORGANIZATION/SCHOOL INFORMATION

ORGANIZATION TYPE:  Elementary School  
 Community Organization  
 Other \_\_\_\_\_

NAME OF ORGANIZATION/SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
Street Address

City State Zip Code

Has the Georgia Ag Experience visited your county in the past 3 years?  Yes  No

Has the Georgia Ag Experience visited your school/organization in the past 3 years?  Yes  No

Does the school/organization have any AG programming in place already?  Yes  No

Does the school/organization work with low-income individuals?  Yes  No

### ORGANIZATION / SCHOOL MAIN CONTACT

This will be the main contact for event details (like schedules, registration forms, additional activities) and the contact for delivery of the vehicle.

FULL NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
Last First

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

## ORGANIZATION / SCHOOL LEADERSHIP CONTACT

Approval of the event is required prior to submission. Please list the contact info for an individual of the organization's leadership who has approved this visit request (i.e. School Principal, Organization Executive Director, District Manager, etc.)

FULL NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_  
Last First

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

# PROGRAMMING, DATE REQUESTS & FEES

## PARTICIPANT DETAILS

3<sup>RD</sup> GRADE STUDENTS: (TOTAL #) \_\_\_\_\_ 3<sup>RD</sup> GRADE CLASSES (TOTAL #) \_\_\_\_\_

4<sup>TH</sup> GRADE STUDENTS: (TOTAL #) \_\_\_\_\_ 4<sup>TH</sup> GRADE CLASSES (TOTAL #) \_\_\_\_\_

5<sup>TH</sup> GRADE STUDENTS: (TOTAL #) \_\_\_\_\_ 5<sup>TH</sup> GRADE CLASSES (TOTAL #) \_\_\_\_\_

## TOTALS

TOTAL NUMBER OF STUDENTS: \_\_\_\_\_ NUMBER OF DAYS NEEDED: \_\_\_\_\_

TOTAL NUMBER OF CLASSES: \_\_\_\_\_ ESTIMATED FEE: \_\_\_\_\_

## DATE PREFERENCES

Please review the available dates for your district. Submissions not within the correct time frame will not be reviewed.

PREFERRED DATE(S) #1: \_\_\_\_\_ PREFERRED DATE(S) #2: \_\_\_\_\_ PREFERRED DATE(S) #3: \_\_\_\_\_

ARE THE ABOVE DATES FLEXIBLE?  Yes  
 No

IF YES, PLEASE LIST ANY DATE RANGES THAT ARE NOT AN OPTION:  
\_\_\_\_\_