

# Specialty Crop Block Grant Program Application Cover Sheet

Company/Organization Name: \_\_\_\_\_

DBA: \_\_\_\_\_

**Grant Project Contact:** \_\_\_\_\_  
Principal Investigator for Universities

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Grant Management Contact:** \_\_\_\_\_  
Administration

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Tax ID: \_\_\_\_\_ DUNS # \_\_\_\_\_ DUNS # Applied For?

Yes  No

County of Project: \_\_\_\_\_

Legislative District: \_\_\_\_\_ Congressional District: \_\_\_\_\_

Is this a multi-state project?  Yes  No List partnering state(s): \_\_\_\_\_

Project Title (limited to **SIX** words): \_\_\_\_\_

Project Begin Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

Funding Amount Requested: \_\_\_\_\_

**Specific Specialty Crop deriving benefit from grant (For example: "Iceberg Lettuce" instead of "Vegetables or "Lettuce."**

\_\_\_\_\_

I hereby certify that the information in the application packet is true and correct to the best of my knowledge.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Printed Name