

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: _____ UEI # _____ UEI# Requested?

☐ Yes ☐ No

County of Project: _____

Legislative District: _____ Congressional District: _____

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

Project Title: _____

Project Begin Date: _____ Project End Date: _____

Funding Amount Requested: _____ (NOT TO EXCEED \$100,000.00)

Specific Specialty Crop(s) 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 _____

Title _____