**Applicant Organization:** Click here to enter text.

# Submitting Organization (if different than the applicant): Click here to enter text.

# Organization Type: Select an answer.

# Federal Taxpayer Identification Number: Click here to enter text.

# Data Universal Numbering System (DUNS) number or Unique Entity Identifier (UEI): Click here to enter text.

# Funds Requested (must match total on Budget Template): Click here to enter text.

# Project Title:

Provide a clear and concise project title.

Click here to enter text.

# Project Duration:

# Projects cannot start before January 1, 2022 or end after December 31, 2024.

# Start Date: Click here to enter text.

**End Date:** Click here to enter text.

# Project Type:

# Select the project type that best describes the proposal:

Select an answer.

# Project Description:

Describe the following:

* Identify the specific issue, problem, or need the project will address.
* The project goals and outcomes.
* The plan for evaluating and measuring the success of the project.

Click here to enter text.

# Project Objectives:

Identify one or more objective the project will accomplish within the duration of the grant.

1. Click here to enter text.
2. Click here to enter text.
3. Click here to enter text.
4. Click here to enter text.
5. Click here to enter text.
6. Click here to enter text.

# Project Beneficiaries:

Enter the number of direct beneficiaries anticipated within the duration of the project:

Click here to enter text.

Identify the project beneficiaries and describe how they will directly benefit from the project:

Click here to enter text.

# Prior Year Specialty Crop Block Grant Program (SCBGP) Projects:

Indicate whether the proposal has been submitted to or funded by another state or federal grant program.

Select an answer.

If the proposal builds upon a prior year SCBGP project:

1. Provide the agreement number(s).

Click here to enter text.

1. Describe how this proposal builds upon, rather than duplicates the previous work.

Click here to enter text.

1. Describe how the project will become sustainable and not indefinitely dependent on SCBGP funds:

Click here to enter text.

# Support from Other Federal/State Grant Programs:

Indicate whether the proposal has been submitted to or funded by another state or federal grant program.

Select an answer.

If the proposal has been or will be submitted to or funded by another state or federal grant program, please address the following:

1. Identify the state or federal grant program and the agency administering the program.

Click here to enter text.

1. State the amount of grant funds requested or awarded by the program.

Click here to enter text.

# Project Oversight:

Provide a summary of qualifications for the Project Director(s), Project Manager(s), Principal Investigator(s), and any collaborators who will receive a portion of the project funds or who will directly manage activities funded through the SCBGP.

Click here to enter text.