# NAME OF APPLICANT ORGANIZATION:

# FUNDS REQUESTED:

Enter the total amount of Specialty Crop Block Grant Program (SCBGP) funds requested.

# PROJECT TITLE:

Provide a clear, concise, and brief project title.

# PROJECT DURATION:

Please ensure the selected dates fall within the grant period.

**Start Date:**

**End Date:**

# SUMMARY:

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.

# EXPECTED MEASURABLE OUTCOMES:

Identify at least on outcome, indicator, and sub-indicator (if applicable) from the Outcome Measures Template (Form 1.6.1.1), that will be achieved within the duration of the grant agreement

*Notes:1) Do not complete the Outcome Measures Template, simply select one outcome/indicator from the template to cite on this form. 2) Outcome measures and the associated indicators were developed by USDA and the Office of Management and Budget and cannot be altered or amended in any way. 3) All projects that include elements of marketing or promotion must select Outcome 1, Enhance the competitiveness of specialty crops through increased sales.*

# 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.