



Cover Sheet

IDALS Specialty Crop Block Grant Program

Iowa Department of Agriculture and Land Stewardship

Name of organization: _____

Tax ID #: _____ UEI: _____

Name of authorized representative for above organization: _____

_____ Title: _____

Mailing Address: _____

Daytime Telephone: _____

Email Address: _____

Proposal Title: _____

Amount Requested: _____ (up to \$30,000)

Project Start Date: _____ Project End Date: _____ Project Duration: _____

Name of Principal Investigator: _____

PI Mailing Address: _____

PI Daytime Telephone: _____

PI Email Address: _____

Name & email of secondary person knowledgeable of project: _____

Certification: I certify to the best of my knowledge that the information in this application is true and correct and that I am legally authorized to sign and submit this application on behalf of this organization, which is legally eligible to enter into a contract.

Printed Name of Authorized Signatory

Signature

Title

Date