

Wallace State Office Building

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www.lowaAgriculture.gov

## IDALS Specialty Crop Block Grant Program

Name of organization:		
Name of authorized repres	sentative for above organ	nization:
		Title:
Mailing Address:		
Daytime Telephone:		
Email Address:		
Amount requested:	Cash match:	In-Kind match:
Project start date:	end date:	Project duration (months):
Name of Principle Investig	gator (PI):	
Daytime Telephone:		
Email Address:		
How many SCBG-funded	projects that will end af	ter October 1 of the current year does this PI
currently have open:		
Certification: I certify to the	ne best of knowledge that	at the information in this application is true
and correct and that I am l	egally authorized to sign	n and submit this application on behalf of this
organization, which is lega	ally eligible to enter into	a contract.
Printed Name of Authorize	ed Signatory	Signature
Title		Date