



REVIEWER APPLICATION 2020 IDALS SPECIALTY CROP BLOCK GRANT REVIEW COMMITTEE

First Name Click or tap here to enter text. **Last Name** Click or tap here to enter text.

Address Click or tap here to enter text. **City** Click or tap here to enter text. **IA** **Zip** Click or tap here to enter text.

County Click or tap here to enter text. **Email** Click or tap here to enter text.

Have you previously served as a grant reviewer? Yes No

Have you applied for and managed a grant in the past? Yes No

Please briefly describe your grant experience?

Click or tap here to enter text.

Please explain your experience/knowledge of the specialty crop industry?

Click or tap here to enter text.

Please list any specialty groups and organizations you have affiliations with or belong to:

Click or tap here to enter text.

Reviewers will not be reimbursed for any expenses incurred due to or as a result of participating as a volunteer IDALS SCBGP reviewer.

Signature: _____ Date: _____