MDA Specialty Crop Block Grant Cover Sheet (All items requested on this page are required)					
Name of Project Partner Organization that will establish an agreement:					
Contact Name: Title:					
Address:					
City:	State:	Zip Co		le:	
Federal Tax ID Number:	DUNS Number: (individuals and federal agencies are exempted) (to look up or obtain a DUNS number go to http://fedgov.dnb.com/webform)				
Phone:	Fax:	E-mail:			
Industry Sector and Specific Commodity/Food for Promotion (i.e. Tree Fruit: Apricots):					
Check the box below of the cate one box should be selected.)  ☐ Research ☐ Marketing & Promotion ☐ Production ☐ Education ☐ Food Safety ☐ Other	egory that this applic	ation s	nould be	considered. (Only	
Project Title:					
Funding from Other Sources (Please include if the project will be or has been submitted to or funded by another Federal or State grant program, as well as the dollar amount requested from that agency/organization.)					
Total Project Cost:	Grant Request:	Cash	Match:	In-Kind Match:	
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 grant contract.					
Printed Name of Authorized Sign	natory S	ignatur	е		
Title	Date (Cover sheet must be signed)				

MDA Specialty Crop Block Grant Cover Sheet		
Title of Project:		
Abstract of Project (Required, 250 words or less).		