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| Proposal Cover Page**Specialty Crop Block Grant** **[ ]  Livestock Grant** **[ ]**  | **Submitted Date:**      **Amended Submitted Date:**       |
| **Organization Name**:      **Mailing Address**:      **City**:      **State/Zip**:      **Phone**:       |
| **Federal EIN#**:      **DUNS#**:       **SAMS Expiration Date**:       CAGE CODE #:       |
| **Project Manager/lead Name (main contact):**      **Email :**      **Phone Number:**       |
| **Project Name:**      **Requested Grant Amount$:**     **Required Match Amount $:**      **Total Project Amount $:**       |