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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 $:** | |