



REVIEWER APPLICATION

2024 LDAF SPECIALTY CROP BLOCK GRANT REVIEW PANEL

First Name _____ Last Name _____

Address _____ City _____

LA Zip _____ Phone _____ Email _____

Have you previously served as a grant reviewer? Yes No

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

Please briefly describe your grant experience.

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

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

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

Signature: _____ Date: _____