



LOUISIANA DEPARTMENT of  
**AGRICULTURE & FORESTRY**

MIKE STRAIN, DVM *Commissioner*

**REVIEWER APPLICATION**  
**LDAF SPECIALTY CROP BLOCK GRANT REVIEW PANEL**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

LA Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Have you previously served as a SCBGP 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: \_\_\_\_\_

Forms should be faxed to 225-923-4881 or emailed to [estay@ldaf.state.la.us](mailto:estay@ldaf.state.la.us).

Questions: 985-345-9483