

Louisiana Specialty Crop Block Grant Application 2025 Cover Page

Organization Name: _____

Project Title: _____

Applicant Contact: _____

Full Mailing Address: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Organizational UEI Number: _____

SAM.GOV registered: Yes No Currently registering

Total Amount Requested: _____

Project Duration: _____

Targeted Specialty Crop: _____

Project Partner(s): _____

Has the applicant received SCBGP funds before? _____

If yes, is this a continuation of a prior year grant project? _____

Project Manager Signature: _____ Print Name: _____

Phone: _____

Email: _____

Date: _____