



LOUISIANA  
DEPARTMENT of  
AGRICULTURE  
& FORESTRY

MIKE STRAIN, DVM *Commissioner*

LDAF.LA.GOV

## 2026 Louisiana Specialty Crop Block Grant Program Application 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 Parter(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: \_\_\_\_\_