



**DEPARTMENT of AGRICULTURE  
and NATURAL RESOURCES**

JOE FOSS BUILDING  
523 E CAPITOL AVE  
PIERRE SD 57501-3182  
danr.sd.gov

**Specialty Crop Block Grant Program  
Application Cover Sheet**

Name of organization: \_\_\_\_\_

Tax ID # \_\_\_\_\_ SAM.gov Unique Entity Identifier (UEI) \_\_\_\_\_

Authorized representative for above organization: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Proposal Grant Title: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Project start date: \_\_\_\_\_ Project end date: \_\_\_\_\_

*\*Projects cannot start before 9/30/2024 and must end by 9/29/2027.*

Certification: I certify to the best of knowledge that the information in this application is true and correct and that I am legally authorized to sign and submit this application on behalf of this organization, which is legally eligible to enter into a contract. I further certify my compliance with SD Executive Order 2023-13.

Printed Name of Authorized Signatory

Signature

\_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_