



## 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 September 30 of the current award year and must end no later than September 29 three years after.*

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: \_\_\_\_\_