



**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: _____