



**DEPARTMENT of AGRICULTURE
and NATURAL RESOURCES**

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**Resilient Food Systems Infrastructure 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: _____ Cash match: _____ In-Kind match: _____

Project start date: _____ Project end date: _____

**Projects cannot start before 5/25/2024 and must end by 5/24/2027.*

Track: Infrastructure Grant _____ Simplified Equipment-Only Grant _____

Assertion: A South Dakota Planning District or other third party assisted with the completion of this application. Yes _____ No _____ If yes, whom: _____

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 and with applicable environmental laws and regulations.

Printed Name of Authorized Signatory

Signature

Date: _____