



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE

2024 SPECIALTY CROP BLOCK GRANT PROGRAM APPLICATION FORM

NAME OF PROJECT PARTNER ORGANIZATION THAT WILL ESTABLISH AN AGREEMENT:

| | | |
|---------------|--------|--------|
| CONTACT NAME: | EMAIL: | PHONE: |
|---------------|--------|--------|

| | | |
|----------------------|--------|--------|
| PROJECT COORDINATOR: | EMAIL: | PHONE: |
|----------------------|--------|--------|

ADDRESS:

| | | |
|-------|--------|-----------|
| CITY: | STATE: | ZIP CODE: |
|-------|--------|-----------|

UEI NUMBER: *(TO OBTAIN A UEI NUMBER GO TO [SAM.GOV](https://sam.gov))*

INDUSTRY SECTOR AND SPECIFIC COMMODITY/FOOD FOR PROMOTION (I.E. TREE FRUIT: APRICOTS):

CHECK ON BOX BELOW FOR THE CATEGORY THIS APPLICATION IS TO BE CONSIDERED:

| | | |
|-------------------------------------|--|------------------------------------|
| <input type="checkbox"/> Research | <input type="checkbox"/> Marketing & Promotion | <input type="checkbox"/> Education |
| <input type="checkbox"/> Production | <input type="checkbox"/> Food Safety | <input type="checkbox"/> Other |

PROJECT TITLE: (10 WORDS OR LESS)

| | |
|---|------------------|
| PROJECT DURATION: Start Date: | End Date: |
|---|------------------|

LIST FUNDING FROM OTHER SOURCES: *(PLEASE INCLUDE IF THE PROJECT WILL BE OR HAS BEEN SUBMITTED TO OR FUNDED BY ANOTHER FEDERAL OR STATE GRANT PROGRAM, AS WELL AS THE DOLLAR AMOUNT REQUESTED FROM THAT AGENCY/ORGANIZATION.)*

| | |
|---------------------|----------------|
| TOTAL PROJECT COST: | GRANT REQUEST: |
|---------------------|----------------|

Certification: I certify to the best of my 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 grant contract.

| | |
|--------------------------------|------|
| AUTHORIZED SIGNATORY SIGNATURE | DATE |
|--------------------------------|------|

TITLE

(Application must be signed)

PROJECT OVERSIGHT

Describe the oversight practices that provide sufficient knowledge of grant activities to ensure proper and efficient administration.

PROJECT COMMITMENT

Describe how all grant partners commit to and work toward the goals and outcome measures of the proposed project. Identify who supports this project.

WORKPLAN

Complete the table below. Describe the project activities necessary to accomplish the objectives. Indicate the project participants who will do the work of each activity, including sub-recipients, and/or contractors. Include a timeline to indicate when each activity will occur (at least month and year) and beginning and end dates for the project. Provide separate sheet if needed.

| Project Activity | Who will do the Work? | When will the activity be accomplished? |
|-------------------------|------------------------------|--|
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