



Cover Sheet

IDALS Specialty Crop Block Grant Program Iowa Department of Agriculture and Land Stewardship

Name of organization: _____

Tax ID # _____ DUNS# _____

Name of authorized representative for above organization: _____

_____ Title: _____

Mailing Address: _____

Daytime Telephone: _____

Email Address: _____

Proposal Title: _____

Amount requested: _____ Cash match: _____ In-Kind match: _____

Project start date: _____ Project end date: _____ Project duration: _____

Name of Principle Investigator: _____

Mailing Address: _____

Daytime Telephone: _____

Email Address: _____

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.

Printed Name of Authorized Signatory

Signature

Title

Date