



STATE OF MISSOURI
DEPARTMENT OF AGRICULTURE

2025 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)								
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: <table border="0"><tr><td><input type="checkbox"/> Research</td><td><input type="checkbox"/> Marketing & Promotion</td><td><input type="checkbox"/> Education</td></tr><tr><td><input type="checkbox"/> Production</td><td><input type="checkbox"/> Food Safety</td><td><input type="checkbox"/> Other</td></tr></table>			<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
<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:							
<p>Certification: I certify to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including, but not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.</p>								
AUTHORIZED SIGNATORY SIGNATURE		DATE						
TITLE								
(Application must be signed)								

PROJECT OUTREACH

Describe outreach activities that will address how project results, research findings, and conclusions will be extended to specialty crop growers and industry.

PROJECT SUPPORT TO THE SPECIALTY CROP INDUSTRY

Describe how this project directly supports the specialty crop industry.

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.

[illegible]