

NH SCBG Application Cover Page

Organization Information:

Organization Name: _____

Applicant Contact: _____

Full Mailing Address: _____

Phone: _____ **Fax:** _____

Email: _____ **Website:** _____

Unique Entity Identifier (*This is required!* For more information on obtaining a UEI number go to <https://gsa.gov/entityid>): _____

Project Information:

Project Title: _____

Project Abstract (Max 250 words):

Total Project Value: _____

Total Amount Requested: _____

Project Duration: _____

Targeted Specialty Crop: _____

Other Information:

Has the applicant received SCBGP funds before? _____

Has the applicant received grants or other awards from the State of New Hampshire? _____ **If so, please indicate who the grantor was:**

Signature of Project Coordinator: _____

Date: _____