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: