APPLICANT DETAILS Fiscal Year 2015 Organization / Business Type: ☐ Agricultural producer or processor ☐ Local Government Agency SPECIALTY CROP BLOCK ☐ Non-Profit **GRANT – FARM BILL** ☐ College or University ☐ State Government Wyoming Specialty Crop Program Organization / Business Name: Federal Tax ID: DUNS #: Instructions as to how obtain a Data Universal Number System (DUNS) Number can be Wyoming DEPARTMENT OF. found at www.whitehouse.gov/omb/grants/duns_num_guide.pdf Address: Phone Number: CONCEPT PROPOSAL Fax Number: All projects are subject to availability of funding. Web Site Address: E-mail Address: Requested Grant Amount Project Coordinator: for Project (Max. \$24,500): Project Title: Has the organization ever received grant funds through the Has the organization received Specialty Crop Block Grant Program funds in previous Wyoming Department of Agriculture? No years? ☐ No AREA OF FOCUS (check only one category) Agricultural Education and Outreach Enhancement of Food Safety / Food Security Good Agricultural Practices Sustainable Production Practices Crop Research / Conservation **Good Handling Practices Nutrition Education and Consumption Good Manufacturing Practices** Marketing / Trade Enhancement / Innovation Plant Pest and Disease Control Are you a Beginning Farmer or Rancher? No Yes Are you a Socially Disadvantaged Farmer or Rancher? No Yes Is this a Multi-State Partnership? ☐ No ☐ Yes If so, name the other state(s): Project Purpose (In one or two paragraphs, clearly state the specific issue, problem, interest, or need, and how your project will address it. Explain why your project is important and timely):

Estimated Timeline Project start date: October 1, 2015 (or later) Project completion deadline: September 30, 2018 (or earlier)	Start date:	End Date:				
Potential Impact(s) and Expected Measurable Outcome(s) Briefly describe the potential impact(s) and expected measureable outcome(s) that include goal(s), target(s), benchmark(s), performance measure(s) and performance monitoring plan.						
PRELIMINARY PROJECT WORK PLAN (List the major tas Work Plan/Task(s)	sks of the proposed project) 4.					

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Projected Budget Complete the below budg	et for the proposed project.	(Grant maximum - \$24,50	0)		
Category	SCBGP-FB	Cash	In-Kind	Total	Comments
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Program Income					
Total					
Budget Narrative Provide a brief description of the budget category costs listed for the project.					

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Send and electronic copy of the concept proposal to Wyoming Department of Agriculture on or before April 27, 2015 to the attention of ted.craig@wyo.gov