

# 2025 OHIO SPECIALTY CROP BLOCK GRANT APPLICANT INFORMATION PAGE

## ORGANIZATION INFORMATION (APPLICANT)

Name of Organization:

Department:

Address:

County:

Federal Tax Id:

UEI#:

Project Title:

Is Your Organization Registered with the IRS as a 501(C)3? Yes

☐

No

☐

## GRANT APPLICANT CONTACT INFORMATION

Grant Management Contact Name:

Phone Number:

Email:

Project Coordinator Contact Name:

Same as Above

☐

Phone Number:

Email:

## GRANT AWARD AMOUNT

Grant Amount Requested:

Match Amount:

Project Total:

Match Type:

Certification: I certify to the best of my 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 a grant contract. YES

☐

NO

☐

Signature

Date

**Return all application pieces to [SCBG@AGRI.OHIO.GOV](mailto:SCBG@AGRI.OHIO.GOV)  
Applications are due by 5pm EST on Friday, March 3, 2025.**