

Grant Agreement Face Sheet		
1. Accounting Code:	2. Vendor I.D. (EIN):	3. DUNS Number:
4. Agreement Number:	5. Type of Instrument:	6. CFDA Number:
7. Title of Agreement:		
8. Objective:		
9. Statement of Work:		
10. Legal Authority:		
11. Federal Agency (Name and Address):		12. Recipient:
13. Federal Agency Project Manager:		14. Recipient Project Coordinator:
15. Period of Performance:	16. Federal Agency Funding Amount:	Non-Federal Matching Amount:
PROVISIONS		
<p>This Grant Award incorporates the following:</p> <ol style="list-style-type: none"> 1. The Approved State Plan, including any mutually agreed upon budget revisions and other changes and amendments thereto – incorporated by reference. 2. If funds were not applied for and reallocated, the reallocated amount is reflected in block 16. Federal Agency Funding Amount. These funds must be expended on projects in the Approved State Plan, and amendments thereto. 3. The Recipient agrees to comply with the requirements of the Specialty Crop Block Grant Program Fiscal Year 2015 General Award Terms and Conditions – available at http://www.ams.usda.gov/sites/default/files/media/2015SCBGPGeneralAwardTermsandConditions.pdf and incorporated by reference. 4. The Recipient will complete activities outlined in the Approved State Plan, including any mutually agreed upon budget revisions and other changes and amendments thereto. 5. The Recipient agrees to comply with the requirements of the Specialty Crop Block Grant Program Fiscal Year 2015 General Award Terms and Conditions – available at http://www.ams.usda.gov/sites/default/files/media/2015SCBGPGeneralAwardTermsandConditions.pdf and incorporated by reference. 6. Grant funds received under this award shall supplement the expenditure of State funds in support of specialty crops grown in that State, rather than replace State funds. 		
17. Federal Agency Representative Approval:		18. Recipient Representative Approval: Name: Title:
<input checked="" type="checkbox"/> <u>Arthur Neal</u> Deputy Administrator Agricultural Marketing Service		19. Recipient Representative Approval Signature: _____ Date: _____

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- 3) email: program.intake@usda.gov.

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