

**2015 Specialty Crop Multi-State Program  
SCREENING SHEET**
**Screening Outcome:**

<b>PARTICIPATING STATE</b>		<b>APPLICATION NUMBER</b>	
<b>MULTI-STATE PARTNERS</b>			
<b>PROJECT TITLE</b>			

<b>ELIGIBILITY</b>	<b>YES</b>	<b>NO</b>
<a href="#">System for Award Management (SAM)</a> Multi-state partners have no active exclusions?		
Application Submitted as one PDF file?		

<b>COVER PAGE</b>	<b>YES</b>	<b>NO</b>
Cover page provided?		

<b>TABLE OF CONTENTS</b>	<b>YES</b>	<b>NO</b>
Table of contents provided?		

<b>ABSTRACT</b>	<b>YES</b>	<b>NO</b>
Project description provided?		

<b>NARRATIVE</b>	<b>YES</b>	<b>NO</b>
Content Narrative provided?		
Specialty Crop Enhancement Proposal solely benefits specialty crops?		
Single Entity Benefit Proposal benefits more than one organization?		
Multi-State Project Proposal meets the definition of a multi-state project?		

<b>PROJECT CATEGORY TYPES - check all that apply</b>						
Food Safety	Plant Pests/Disease	Research	Crop-Specific	Marketing and Promotion	Other	

<b>REFERENCES</b>	<b>YES</b>	<b>NO</b>
If applicable, are references provided?		

<b>BUDGET SPREADSHEET &amp; BUDGET NARRATIVE</b>	<b>YES</b>	<b>NO</b>
Grant Amount Requested Between \$250,000 and \$1,000,000?		
Budget Spreadsheet(s) Budget spreadsheet(s) provided?		
Budget Narrative Budget narrative provided?		

<b>OTHER REQUIRED ELEMENTS</b>	<b>YES</b>	<b>NO</b>
Personnel Qualifications Summary of qualifications provided?		
Letter of Commitment (LOC) LOC for each partner provided?		
Letters of Support (LOS) Three LOS from stakeholders or beneficiaries provided?		
Areas Affected by Project Identified cities, counties, states, etc.?		

<b>SCREENING OUTCOME</b>	
	<b>Date</b>

\* In the **COMMENTS** text box below, provide feedback for the applicant regarding requirements not met and/or any questions for USDA AMS.

Screening Outcome:

<b>COMMENTS</b>

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0240. The time required to complete this information collection is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.*

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