

APPENDIX A

Oregon Department of Agriculture
2008-Farm Bill Specialty Crop Grant Program
APPLICATION COVER PAGE AND ABSTRACT

NAME/ORGANIZATION: _____

CONTACT NAME: _____ TITLE: _____

FEDERAL TAX ID: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

EMAIL ADDRESS: _____

COUNTY(S) AFFECTED BY PROJECT: _____

LEGISLATIVE DISTRICT: _____ CONGRESSIONAL DISTRICT: _____

PROJECT TITLE: _____

FUNDING AMOUNT REQUESTED: _____

SPECIALTY CROP(S) TO BENEFIT FROM PROJECT: _____

PLEASE FILL IN PROJECT ABSTRACT BELOW.

NAME/ORGANIZATION: _____

PROJECT TITLE: _____

ABSTRACT (Please limit to 200 words or less):