

APPENDIX B APPLICATION NARRATIVE

| ORGANIZATION INFORMATION | | | | | | | | | | | |
|---|--|------------------------------------|-----|--|---|---|--|--|-----|--|----|
| Company/Organization Name <i>Must match the legal name registered for the provided Tax ID#.</i> | | | | | | | | | | | |
| DBA (if applicable) | | | | | | | | | | | |
| Business/Organization Type (select one only) | | Agricultural producer or processor | | | | Local government agency | | | | | |
| | | Non-profit | | | | College or university | | | | | |
| | | State government | | | | Other: | | | | | |
| Tax ID # | | | | | | | | | | | |
| UEI # <i>This can be obtained at SAM.gov https://sam.gov/content/home</i> | | | | | | | | | | | |
| Grant Project Contact <i>For daily operations-PI, technician, or coordinator</i> | | | | | | | | | | | |
| Mailing Address | | | | | | | | | | | |
| Physical Address | | | | | | | | | | | |
| Phone | | | | | | | | | | | |
| Email | | | | | | | | | | | |
| Grant Management Contact <i>For Signatory Authority/Contract</i> | | | | | | | | | | | |
| Phone | | | | | Email | | | | | | |
| PROJECT INFORMATION | | | | | | | | | | | |
| Project Title <i>Limited to twelve words</i> | | | | | | | | | | | |
| Project Start Date <i>No earlier than September 30, 2026</i> | | | | | Project End Date <i>No later than September 29, 2029</i> | | | | | | |
| Crop(s) benefitting from project <i>AMS Site for more info</i> | | | | | | | | | | | |
| Will project benefit beginning farmers? * | | | Yes | | No | Will project benefit socially disadvantaged farmers? ** | | | Yes | | No |
| Is this a multi-state project? *** | | | Yes | | No | List partnering state(s) | | | | | |

***Beginning farmers** - individuals or entities who have not operated a farm for more than 10 years and substantially participates in the operation.

****Socially disadvantaged farmers** - means a farmer who is a member of a socially disadvantaged group. A "Socially Disadvantaged Group" is a group whose members have been subject to discrimination on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program.

*****Multi-state** - A multi-state partnership is a project that implements activities with measurable outcomes that benefit two or more U.S. States and/or Territories.

SCBG PRODUCER CONNECTION FORM

PRODUCER ISSUE

Please identify the producer need(s) your project hopes to address.

PRODUCER ENGAGEMENT

Please explain how your project will work with producers to address the above needs.

PRODUCER OUTREACH

Please explain how your project will spread the information gained from this project to Montana producers.