



2021 ILLINOIS SPECIALTY CROP GRANT PROGRAM

* All Fields Required

Project Partner (Applicant)

Include the name of the applicant organization that will establish an agreement or contractual relationship with the Illinois Department of Agriculture to lead and execute the project.

Applicant				
Address				
City		State		Zip Code
DUNS Number				

Contact Information

Name				
Address				
City		State		Zip Code
Phone				
Email				

Amount of Grant Funds Requested	
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Project Title

(15 words or less)

Project Summary

Include a project summary of 250 words or less suitable for dissemination to the public. It should include the need for the project, a brief description of the goals and outcomes, and your plan for evaluating and measuring the success of the project or program.