



**REVIEWER APPLICATION  
2024 IDALS SPECIALTY CROP BLOCK GRANT REVIEW COMMITTEE**

First Name

Last Name

Address

City

IA Zip

County

Email

Have you previously served as a grant reviewer?

Yes  No

Have you applied for and managed a grant in the past?

Yes  No

Please briefly describe your grant experience?

Please explain your experience/knowledge of the specialty crop industry?

Please list any specialty groups and organizations you have affiliations with or belong to:

Reviewers will not be reimbursed for any expenses incurred due to or as a result of participating as a volunteer IDALS SCBGP reviewer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_