MEAT AND POULTRY INSPECTION READINESS GRANT

PROJECT NARRATIVE TEMPLATE

Thoroughly review the Meat and Poultry Inspection Readiness Grant (MPIRG) RFA before completing this form. This required form must be submitted as a PDF and attached to the application package in Grants.gov.

# Applicant Information

Must match box 8 of the SF-424.

**Applicant Organization**: Enter the Applicant Organization’s Business Name

**Phone Number**: Enter the Applicant Organization’s Phone Number

**Email**: Enter the Applicant Organization’s Email

**Physical Address**: Enter the Applicant Organization’s Physical Address

**Mailing Address**: Enter the Applicant Organization’s Mailing Address (if different than physical address)

**Facility/Establishment Number** **as applicable:**

* 1. **Business Permit (EIN / UBI #):** Enter the Applicant Organization’s Business Permit Identifier
	2. **State/County/Municipality License Number:** **.** Enter the Applicant License Number
	3. **State where Business is Located:** **.** Enter the Applicant State Identifier

## authorized organizaton representative (AOR)

List the person who will be the main contact for any correspondence and is responsible for signing any documentation should the grant be awarded. Must match box 21 of the SF-424.

**Name**: Enter the AOR’s Name

**Title**: Enter the AOR’s Title

**Phone Number**: Enter the AOR’s Phone Number

**Email**: Enter the AOR’s Email

**Mailing Address**: Enter the AOR’s Mailing Address

## apPlicant entity type

Select each applicable entity type as defined in Section 3.1 of the RFA and answer the questions.

**Select type of facility?** [ ] Slaughter [ ]  Processing

**Is the facility currently operating?** [ ]  Yes [ ]  No

**What is the facility’s current inspection status?**

[ ]  Currently have a federal Grant of Inspection (including conditional and permanent)

[ ]  Currently have a state inspection participating in the CIS program

[ ]  I understand that if my organization currently has a federal Grant of Inspection or is presently participating Cooperative Interstate Shipment (CIS) program I am not eligible for the MPIRG program.

## capacity information

**Number of Employees at the Facility/Establishment**: Enter the Applicant Facility Numbers of Employees

**What type of species is slaughtered and/or processed at the facility? Select all that apply.** [ ] Livestock[ ]  Poultry [ ]  Siluriformes (catfish) [ ]  Other (please specify):

Briefly describe the operations capacity at your slaughter and/or processing facility.

For example:

The ABC Processing Plant is a small multiple-species harvest and processing plant that provides fee-based meat processing services to livestock producers and manufactures processed meat for sale to wholesale or retail customers. The species and number of animals processed per week include ~25 to 32 beef cattle per week and a similar amount of hogs and lambs/goats. We have 7 to 11 full-time workers. The plant is located in a rural district and operates in a 6,200 sq. ft. building that includes a dug well for water, a commercial septic system for wastewater treatment and compost station for decomposition of waste tissues from the plant.

# GRANT Application project type

*Described in Section 1.3 of the RFA*

[ ]  **Planning for Federal Grant of Inspection (PGI)** (*Available to establishments in the 50 States, American Samoa, the District of Columbia, Guam, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.)*

[ ]  **Cooperative Interstate Shipping (CIS) Compliance** (*Limited to establishments in* [*CIS participating States*](https://www.fsis.usda.gov/inspection/apply-grant-inspection/state-inspection-programs/cooperative-interstate-shipping-program)*)*

# Compliance with GOI or CIS regulations

[ ]  I have read and understand the regulatory compliance requirements that need to be met to obtain a Federal Grant of Inspection or compliance with a State Grant of Inspection for participation in CIS. If you need assistance making this determination see Section 1.3 Award Conditions and 1.4 Project Types in the RFA

[ ]  At the date of this application, I have determined that the facility currently does not meet the basic regulatory requirements to obtain a Federal Grant of Inspection or participation in CIS with a State Grant of Inspection. Please select the category that the establishment is currently not compliant with. Check all that apply.

*NOTE: regulatory requirements that need to be complied with to obtain a Federal grant of inspection or a State grant of inspection with participation in CIS\* have been generally categorized to assist applicants determine where funding for projects will be requested for the purposes of this MPIRG RFA. The list in each category is not all inclusive as compliance with all applicable regulatory requirements will be determined based the processes and products identified that will be produced.*

[ ]  Facility Regulatory Requirements

[ ]  Sanitation Performance Standards, 9 CFR 416

[ ]  Water potability certification, 9 CFR 416.2(g)

[ ]  Sewage Disposal System Letter (Sewage Certification), 9 CFR 304.2, 416.2(f)

[ ]  Applicable facility requirements, 9 CFR 304, 307, 309, 310, 313, 314 and 381

[ ]  Separation of Official Establishments, 9 CFR 305.1, 305.2, and 381.26.

[ ]  Facilities for inspection program employees, 9 CFR 307 and 381

[ ]  Written Program Regulatory Requirements

[ ]  Sanitation Standard Operating Procedures (SSOPs), 9 CFR 416.12-.416.15

[ ]  Hazard Analysis and Hazard Analysis Critical Control Point (HACCP) plan, 9 CFR 417, including supporting programs (i.e., pre-requisite programs, sampling, scientific support, etc.)

[ ]  Recall program, 9 CFR 418.3,

[ ]  Labels compliant with 9 CFR 316, 317, and 381

[ ]  Other applicable written programs pertaining to desired HACCP category wishing to produce product under (i.e., *Listeria monocytogenes* control program, Specified Risk Material (SRM) control program, etc.)

[ ]  Safety programs (i.e., Lock-out, Tag-out, Hazard Communications)

[Cooperative Interstate Shipping Program | Food Safety and Inspection Service (usda.gov)](https://www.fsis.usda.gov/inspection/apply-grant-inspection/state-inspection-programs/cooperative-interstate-shipping-program) \*

# Project Title

Provide a descriptive project title in 15 words or less in the space below. Must match box 15 of the SF-424.

# Funding Request

*Insert the total amount ($) of Federal funds requested. This must match the total amount requested on Line 18a. Estimated Federal Funding of the SF-424.*

**Total Funds Requested (up to $200,000.00)**: Enter Total Funds Requested Amount $

# Duration of Project (must match period of performance on 424 form)

**Start Date**: Start Date **End Date**: End Date

# executive Summary

Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a description of your project purpose, facility needs and expected outcomes.

# alignment and intent

Clearly articulate the reason for requesting the funds. Briefly describe the need for grant funds and how the expenses will help you improve production capacity, improve labor capacity, or improve service capacity.

## provide a listing of objectives this project hopes to achieve

Objectives must relate to obtaining a Federal Grant of Inspection under the Federal Meat Inspection Act (21 U.S.C. 601 et seq.) (FMIA) or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.) (PPIA) or to operate as a Cooperative Interstate Shipping program facility.

**Objective 1:**

**Objective 2:**

**Objective 3:**

## project beneficiaries

Describe who and how many will benefit from your facility improvements and/or increased capacity. This should include you as the operating facility, livestock producers and other stakeholders. (For example, your answer may provide the number of new customers, that you will maintain current employees, increase labor skills, improve services, etc.)

# technical merit

## WORK PLAN

Develop a Task Timeline using the headings below. List and describe each individual task to be performed including the timeframe for implementation; required resources; milestone(s) for assessing progress and success; and who is responsible for completing the activity, including collaborative arrangements or subcontractors. The task descriptions should be sufficiently detailed to give a clear understanding of the general flow of work necessary to complete the project.

| **#** | **Task Description** | **Anticipated Start Date** | **Anticipated Completion Date** | **Resources Required to Complete Task** | **Milestone(s) for Assessing Progress and Success** | **Identify Who Will Complete the Task** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

### have you submitted this project to another federal or State Grant Program?

[ ]  Yes [ ] No

### If yes, list the Federal or State grant progam and describe how the project is different.

|  |  |  |
| --- | --- | --- |
| **#** | **Grant Program** | **Description** |
| 1 |  |  |
| 2 |  |  |

# achieveability

## Select the Appropriate Outcome(s) and Indicator(s)/Sub-Indicator(s)

All applicants much identify at least one outcome and indicator from the list below that will be addressed through your grant project. You also may create your own outcome and indicator that identifies the expected short term and long-term impacts of your work. You will need to establish baseline numbers and/or estimate realistic target numbers for the outcome(s) and indicator(s) you select.

For example:

**Outcome 1, Indicator 1.2.b.**

Increased slaughter or processing capacity by $15,000 dollars. knowledge about eating more specialty crops.

### Outcome Measure(s)

[ ]  **Outcome 1: To improve meat and poultry processing efficiency and capacity.**

Improvement and efficiency can be measured by evaluating the ratio of inputs (labor, time, resources, etc.) to outputs (product), speed, waste reduction, increased volume and/or capacity to move volume, decreased distance between point of production and point of sale, decrease time spent, higher quality technology/infrastructure, etc.

| Indicator | Description | Estimated Number | N/A |
| --- | --- | --- | --- |
| 1.1 | Total number of efficiency and capacity improvements made to:* 1.1.a.: Infrastructure (e.g., facility or building)
* 1.1.b.: Slaughter or Processing Equipment/Technologies
* 1.1.c.: Storage Equipment for carcasses or finished product
* 1.1.d.: Other
 |  | [ ]  |
| 1.2 | Increased slaughter or processing capacity measured in:* 1.2.a.: Varieties of meat and/or poultry
* 1.2.b.: Dollars
* 1.2.c.: Volume (in Pounds)
* 1.2.d.: Percentage change, or
* 1.2.e.: Combination of volume and average price as a result of efficiency and capacity improvements
 |  | [ ]  |
| 1.3 | Updates to or expansion of existing infrastructure (large equipment or buildings, cooler space, waste management systems, etc.) improved efficiency by:* 1.3.a.: Reducing waste of product
* 1.3.b: Reducing waste from facility
* 1.3.c.: Increasing capacity to move volume
* 1.3.d.: Decreased slaughter or processing time
 |  | [ ]  |

[ ]  **Outcome 2: To increase capability to process meat and poultry.**

| Indicator | Description | Estimated Number | N/A |
| --- | --- | --- | --- |
| 2.1 | Number of MPIRG related jobs* 2.1.a: Created
* 2.1.b: Maintained
 |  | [ ]  |
| 2.2 | Number of maintained jobs that increased from part-time to full-time |  | [ ]  |
| 2.3 | Number of employees trained on new equipment, sales and distribution, and marketing programs  |  | [ ]  |
| 2.4 | Number of employees trained on Hazard Analysis and Critical Control Point (HACCP) and Standard Sanitary Operating Procedures (SSOP) programs, record keeping process requirements and meat processing practices |  | [ ]  |

[ ]  **Outcome 3: To build stronger food supply chains and benefit local communities by expanding product and market development opportunities.**

| Indicator | Description | Estimated Number | N/A |
| --- | --- | --- | --- |
| 3.1 | Total number of market access points for livestock or poultry products developed or expanded due to infrastructure, equipment, or operating capacity improvements\_\_. Of those, * 3.1.a: The number of existing market access points that expanded livestock or poultry product offerings
* 3.1.b: The number of new market access points
 |  | [ ]  |
| 3.2 | Number of livestock or poultry stakeholders (which may include producers, distributors, retail or wholesale customers, etc.) that benefited from the improved efficiency and capacity. |  | [ ]  |
| 3.3 | Total number of new/improved distribution systems developed\_\_. Of those, the number that* 3.3.a: Stemmed from new partnerships
* 3.3.b: Increased efficiency
* 3.3.c: Reduced costs
* 3.3.d: Expanded customer reach
* 3.3.e: Increased producer participation
 |  | [ ]  |

[ ]  **Outcome 4: Optional**

Provide at least one additional outcome and indicator based on relevant project activities not covered above.

| Indicator | Description | Estimated Number |
| --- | --- | --- |
| 4.1 |  |  |

## Reporting on selected Outcomes and Indicators

For each completed outcome indicator explain how you will achieve the selected outcome in the space below. Provide a clear, concise description of the steps including specific work to be accomplished and any potential challenges. If specific plans have not been developed, explain your plan for having them developed.

| Outcome andIndicator # *I.e., 2a., 3.a., 2.b.* | How did you derive the estimated numbers?*I.e., documented background or baseline information, etc.* | How and when do you intend to evaluate?*I.e., surveys, 3rd party assessment* | Anticipated key factors predicted to contribute to and restrict outcome*Including action steps for addressing identified restricting factors* |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

# expertise and partners

List key staff, including applicant personnel and external project partners and collaborators that comprise the Project Team, their role, their relevant experience in developing and operating projects like those to be conducted under this project.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name and Title of Key Staff** | **Role** | **Relevant Experience and Past Successes** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

## project management plan

Describe your management plan including who, including applicant personnel and external project partners, will be leading, coordinating, and carrying out activities under this project.

# fiscal plan and resources

All expenses described in your Budget Narrative must be associated with expenses that will be needed to meet the basic regulatory requirements to obtain a Federal Grant of Inspection or participation in CIS with a State Grant of Inspection as stated in the section labeled “COMPLIANCE WITH GOI OR CIS REGULATIONS” listed above . Applicants should review the Request for Applications section 4.6 Funding Restrictions prior to developing their budget narrative.

## Personnel

List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.7.1 for further guidance.

| **#** | **Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **Personnel Subtotal (must match 424a form)** |  |

### Personnel Justification

For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel by copying and pasting the existing listing or deleting personnel that aren’t necessary.

**Personnel 1:**

**Personnel 2:**

**Personnel 3:**

## Fringe Benefits

Provide the fringe benefit rates for each of the project’s salaried employees described in the Personnel section that will be paid with MPIRG funds.

| **#** | **Name/Title** | **Fringe Benefit Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **Fringe Benefits Subtotal (must match 424a)** |  |

## Travel

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <http://www.gsa.gov>. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Travel, and Foreign Travel for further guidance.

| **#** | **Trip Destination** | **Type of Expense** (airfare, car rental, hotel, meals, mileage, etc.) | **Unit of Measure** (days, nights, miles) | **# of Units** | **Cost per Unit** | **# of Travelers Claiming the Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| **Travel Subtotal (must match 424a)** |  |

### Travel Justification

For each trip listed in the above table describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren’t necessary.

**Trip 1 (Approximate Date of Travel MM/YYYY):**

**Trip 2 (Approximate Date of Travel MM/YYYY):**

**Trip 3 (Approximate Date of Travel MM/YYYY):**

### Conforming with Your Travel Policy

|  |  |
| --- | --- |
| [ ]  *By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with* [*2 CFR 200.474*](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) *or* [*48 CFR subpart 31.2*](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) *as applicable.* |  |

## Equipment

Describe any special purpose equipment to be purchased or rented under the grant. ‘‘Special purpose equipment’’ is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds $5,000 per unit and is used only for research, medical, scientific, or other technical activities. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Equipment - Special Purpose for further guidance

Purchase of “general purpose equipment” requires prior approval and must be necessary and directly related to the activities of the project. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, for more information.

| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| **Equipment Subtotal (must match 424a)** |  |

### Equipment Justification

For each piece of Equipment listed in the table above, describe the need and how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn’t necessary.

**Equipment 1:**

**Equipment 2:**

**Equipment 3:**

## construction

Describe costs including administrative and legal expenses, structures, relocation expenses and payments, architectural and engineering fees, project inspection fees, site work, demolition and removal, construction, and miscellaneous expenses related to modernizing or expanding an existing facility. Construction is allowable within the scope of MPIRG for improvements that maybe necessary to meet basic regulatory requirements for the currently operational facility.

| **#** | **Description and Justification** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| **Construction Subtotal (must match 424a)** |  |

### construction Justification

Describe the need for construction costs. Drawings and other materials are optional and may be attached. If applicable, include any design and/or construction documents as part of the 20-page limit.

## Supplies

List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the proposal and enhance the competitiveness of specialty crops. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities for further information.

| **#** | **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| **Supplies Subtotal (must match 424a)** |  |

### Supplies Justification

Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).

**Supply 1:**

**Supply 2:**

**Supply 3:**

## Contractual/Consultant

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)

### Itemized Contractor(s)/Consultant(s)

Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **Contractual/Consultant Subtotal (must match 424a)** |  |

### Contractual Justification

Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.

**Contractor/Consultant 1:**

**Contractor/Consultant 2:**

**Contractor/Consultant 3:**

### Conforming with your Procurement Standards

|  |  |
| --- | --- |
| [ ]  *By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in* [*2 CFR Part 200.317 through.326*](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#sg2.1.200_1316.sg3)*, as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements.* |  |

## Other

Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Meals for further information.

| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Other Subtotal (must match 424a)** |  |

### Other Justification

Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).

## Indirect Costs

Indirect costs (also known as “facilities and administrative costs”—defined at [2 CFR §200.1](https://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1&rgn=div5#se2.1.200_11)) represent the expenses of doing business that are not readily identified with a particular grant, contract, or project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. For the indirect cost formula and additional information, refer to Section 4.6.1 of the RFA.

| **Indirect Cost Rate** | **Funds Requested** |
| --- | --- |
|  |  |
| **Indirect Subtotal (must match 424a)** |  |

# affirmation and Certification

I affirm and certify the following:

1. The information submitted in this application, to the best of my knowledge, is true, correct, and complete and I hereby agree to comply with the requirements of the grant.
2. My organization has reviewed and understands the regulatory requirements for obtaining a Federal Grant of Inspection under the Federal Meat Inspection Act (FMIA) or the Poultry Products Inspection Act (PPIA); or to obtain a grant to operate as a State-inspected facility compliant with the FMIA or PPIA under the Cooperative Interstate Shipment (CIS) program.
3. I understand that I will need to return Federal Funds awarded if my organization does not obtain a Federal Grants of Inspection or does not become eligible for inspection under the Cooperative interstate shipping program, or if I have not made a good faith effort (as described in Section 1.4 of the RFA) by September 30, 2024.
4. The applicant or owner(s) are not presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any federal or state department or agency, or presently involved in any bankruptcy.
5. I understand that USDA-AMS will rely on the accuracy of the submittals and certifications made with this application. Any misrepresentation or inaccurate information may result in a determination of ineligibility and / or forfeiture of grant funds. I further understand I may be required to submit backup documentation proving the accuracy of my answers if I receive a grant.
6. I understand that I will need written accounting policies and procedures that meet the requirements associated with 2 CFR §200.302 before conducting award activities.
7. I understand that I will need written account of my organizations internal controls as required by 2 CFR §200.303 before conducting award activities
8. I understand that signing this document does not constitute an approved grant by the USDA-AMS.

[ ]  I, undersigned, declare that I have reviewed the application and accompanying documentation, and to the best of my knowledge and information, it is true, correct, and complete and herby agree with the requirements of the program as specified above.

Persons making false, fictitious, or fraudulent statements or entries are subject to a $10,000.00 fine or imprisonment for not more than 5 years or both, as prescribed by 18 U.S.C 1001.

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

# EQUAL OPPORTUNITY STATEMENT

USDA is an equal opportunity provider, employer, and lender.

# pAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act, as amended, no persons are 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-XXXX. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reading and utilizing this document to prepare an application, reviewing which items are allowable, and understanding the terms and conditions of the grant award.