***Note: Cover Page (p. 1) will be completed by USDA upon final approval of the amendment. Recipients must complete p. 2-9.***

Agreement No. [insert internal tracking #]

Amendment No. [insert #]

**AMENDMENT TO**

**COOPERATIVE AGREEMENT**

between the

AGRICULTURAL MARKETING SERVICE

UNITED STATES DEPARTMENT OF AGRICULTURE

WASHINGTON, D. C. 20250

(hereinafter called the Federal Agency)

and the

[insert recipient name]

(hereinafter called the Cooperator)

Provision for Amendment: It is agreed that the Cooperative Agreement entitled “Local Food Purchase Assistance Program” in [insert state or tribe name], effective [insert start date], is amended as follows:

Increase the funds provided by the Federal Agency with an additional [insert amount]. The additional funds are authorized by the Commodity Credit Corporation (CCC), to be used for expenses related to food procurements (unprocessed or minimally processed food).

The following amended Project Narrative describes the changes to the Executive Summary, Project Beneficiaries, Work Plan, Outcome Indicators, and Budget of the original agreement.

# EXECUTIVE SUMMARY

**Provide a new Executive Summary to incorporate changes associated with the additional funding.**

*(Summary of 250 words or less, suitable for dissemination to the public. This summary should include a concise outline of the project’s purpose; activities to be performed, including subawards (when applicable); deliverables and expected outcomes; intended beneficiaries; and any other pertinent information. This summary will be made available to the public.)*

# Alignment and Intent

**Project Beneficiaries**

**Describe how the Project Beneficiaries will change from the original Project Narrative.**

*(The producers you intend to purchase from and the recipients you expect will benefit from this program; the number of producers and the number of recipients you expect to benefit from your program.)*

# Proposal Narrative

## **Work Plan**

**Describe how the Work Plan will change from the original Project Narrative.**

*(How you will meet the objectives of the program and demonstrate that your organization and sub recipients have the ability to carry out the procurements with ample planning, resources, financial controls, reporting ability and risk management*

*plans; changes to timeline and milestones.)*

# Achievability

**Outcome Indicators**

**Describe how the Outcome Indicators will change from the original Project Narrative.**

*Complete all applicable project Outcomes and Indicators with estimated realistic target numbers. These outcome indicators will be required to be provided for quarterly progress reports.*

**Outcome 1: Provide an opportunity for States and Tribal organizations to strengthen their local and regional food system and to support local and socially disadvantaged farmers/producers through building and expanding economic opportunities.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Description** | **Original Estimate** | **New Estimate** |
| **1.a.** | Total number of local producers/vendors that are expected participate in the program |  |  |
| **1.b.** | Of the number in 1.a., the number of producers/vendors that are socially disadvantaged |  |  |
| **1.c.** | Total dollars expected to be expended to purchase local and regional food through this program |  |  |
| **1.e** | Of the number in 1.c, how many dollars will be expended to purchase food from socially disadvantaged producers/vendors |  |  |

**Outcome 2: Establish and broaden partnerships with farmers/producers and the food distribution community to ensure distribution of fresh and nutritious foods to underserved communities**

*A goal of the program is to target distribution of food to underserved communities. In order to measure success, it will be necessary to provide estimates of how much food will be distributed and how much of that food will go to underserved communities*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Indicator** | **Description** | **Original Estimated Dollars** | **Original Estimated Number** | **New Estimated Dollars** | **New Estimated Number** |
| **2.a.** | Provide an estimate of total number of dollars expected to be expended. |  |  |  |  |
| **2.b.** | Of the numbers in 2.a., Provide an estimate of total number of dollars expected to be expended and to underserved communities. |  |  |  |  |
| **2.c.** | Provide an estimate of the number of locations expected to distribute food |  |  |  |  |
| **2.d.** | Of the locations in 2.c., how many do you expect to be to underserved communities |  |  |  |  |

**Outcome 3: Final Report – Program Outcomes**

**Describe how goals for Program Outcomes 1-3 will change.**

1. *Percentage of new marketing opportunities established by purchasing from local and regional farmers/producers, and of those, what percentage will likely be sustained after the funding is expended.*

1. *Percentage of new marketing opportunities established by purchasing from socially disadvantaged farmers/producers, and of those, what percentage will likely be sustained after the funding is expended.*

1. *Percentage of purchases distributed beyond current food distribution networks to serve underserved communities, and of those, what percentage will likely be sustained after the funding is expended.*

**Outcome 4: Unique outcome for your project**

**Describe how goals for Outcome 4 (if applicable) will change.**

*Initiatives are strongly encouraged to add at least one Outcome and Indicator(s) based on relevant initiative efforts not covered above. Creativity is highly encouraged, particularly regarding any metrics reflecting coordination, learning, and responsiveness.*

*Project Specific Outcome Indicator(s)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Description** | **Original Estimated Number** | **New Estimated Number** |
| **4.a.** |  |  |  |

**Budget and Justification**

**Describe how the Budget will change from the original Project Narrative.** *The budget must show the total cost for the project and describe how category costs listed in the budget are determined. The budget justification must provide enough detail for AMS staff to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes.*

|  |  |  |
| --- | --- | --- |
| **Budget with funds authorized by the American Rescue Plan Act (ARPA)** | | |
| **Expense Category** | **Federal Funds**  **Original Amount** | **Federal Funds**  **Revised Amount** |
| Personnel |  |  |
| Fringe Benefits |  |  |
| Travel |  |  |
| Equipment |  |  |
| Supplies |  |  |
| Procurement/Contractual/Subawards |  |  |
| Other (specify) |  |  |
| Funds used for food procurements |  |  |
| Funds used for food storage |  |  |
| Funds used for food transportation |  |  |
| Direct Costs Subtotal |  |  |
| Indirect Costs |  |  |
| Total Budget with funds authorized by the American Rescue Plan Act |  |  |

|  |  |
| --- | --- |
| **Additional funds authorized by the Commodity Credit Corporation (CCC)** | |
| **Expense Category** | **Federal Funds** |
| Funds used for food procurements |  |

|  |  |
| --- | --- |
| **Combined Budget with ARPA and CCC Funds** | |
| **Expense Category** | **Federal Funds** |
| Personnel |  |
| Fringe Benefits |  |
| Travel |  |
| Equipment |  |
| Supplies |  |
| Procurement/Contractual/Subawards |  |
| Other (specify) |  |
| Funds used for food procurements |  |
| Funds used for food storage |  |
| Funds used for food transportation |  |
| Direct Costs Subtotal |  |
| Indirect Costs |  |
| **Total Budget**  (*Funds authorized by ARPA + CCC*) |  |

**If applicable, describe how details will change for the following budget categories:**

Personnel

*List each person who has a substantive role in the project and the amount of the request and/ or the value of his or her match. Personnel costs should be reasonable for the services rendered, conform to the established written policy of your organization, and consistently applied to both Federal and non-Federal activities.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name, Title** | **Justification for Requesting Funds** | **Level of Effort**  *(# of hours OR % FTE)* | **Annual Salary Requested** | **Total Funds Requested** |
|  |  |  | Year 1: $  Year 2: $  Year 3: $ | $ |
|  |  |  | Year 1: $  Year 2: $  Year 3: $ | $ |
|  |  |  | Year 1: $  Year 2: $  Year 3: $ | $ |

**Personnel Subtotals**

Fringe Benefits

*Provide the fringe benefit rates for each of the project’s salaried employees listed above. The costs of fringe benefits should be reasonable and in line with established policies of your organization.*

|  |  |  |
| --- | --- | --- |
| **Name, Title** | **Fringe Benefit Rate** | **Funds Requested** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Fringe Benefits Subtotals** |  | **$** |

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 Regulations, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at* [*https://www.gsa.gov/*](https://www.gsa.gov/)*.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Trip Details** *(Destination, Timing, Justification)* | **Expense Type** *(airfare, car rental, etc.)* | **Unit of Measure** *(days, miles, etc.)* | **# of Units** | **Cost/Unit** | **# of Travelers** | **Funds Requested** |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |

**Travel Subtotals**

By checking this box, I affirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.47](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474)5 or [48 CFR subpart 31.2](https://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. Rental of "general purpose equipment’’ must also be described in this section. Purchase of general-purpose equipment is not allowable under this grant.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item #** | **Description and Funds Justification** | **Rental or Purchase?** | **Date Acquired?** | **Funds Requested** |
| **1** |  |  |  | $ |
| **2** |  |  |  | $ |
| **3** |  |  |  | $ |

**Equipment Subtotals**

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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description and Funds Justification** | **Cost/Unit** | **# of Units** | **Date Acquired?** | **Funds Requested** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
| **Supplies Subtotal:** |  |  |  |  |

Contractual

*The Contractual section includes direct procurements and contractual and subaward agreements resulting in procurements. A subaward is an award provided by the non –federal entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity. Procurement/Contractual/Subaward costs are 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 subaward, each must be described separately. (List each contract/subaward separately.)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Type** | **Name/Organization and Funds Justification** | **Hourly/Flat Rate** | **Funds Requested** |
| **Contract**  **Subaward** |  |  | $ |
| **Contract**  **Subaward** |  |  | $ |
| **Contract**  **Subaward** |  |  | $ |

**Contractual Subtotal**

By checking this box, I affirm 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 §200.317 through §200.32](https://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1#se2.1.200_1317)7, as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that 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*.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description and Funds Justification** | **Cost/Unit** | **# Units/Pieces Purchased** | **Date Acquired?** | **Funds Requested** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Other Subtotal**

Indirect

*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#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 additional information, refer to Section 4.6 of the RFA.*

|  |  |
| --- | --- |
| **Indirect Cost Rate Requested (%)** | **Funds Requested** |
|  | $ |