

ORGANIC MARKET DEVELOPMENT GRANT PROGRAM

PROJECT NARRATIVE TEMPLATE – SIMPLIFIED EQUIPMENT-ONLY PROJECTS

Thoroughly review the Organic Market Development Grant (OMDG) Program RFA before completing this form. This for form is to be used for Simplified Equipment-Only projects. Market Development and Promotion and Processing Capacity Expansion Projects must use the expanded narrative template.

# APPLICANT INFORMATION

1. **Applicant Organization -** *Must match box 8 of the SF-424.*

Name:

Email:

Phone:

Fax:

Mailing Address:

1. **Authorized Organization Representative (AOR) -** *Must match box 21 of the SF-424.*

Name:

Email:

Phone:

Fax:

Mailing Address: ☐ Check if same as #1

1. **Project Coordinator or Director -** *This person should be a different individual than the AOR.*

Name:

Email:

Phone:

Fax:

Mailing Address: ☐ Check if same as #1

1. **Entity Types -** *Check the box which best aligns with the legal structure of your business.*

☐ For-Profit Organization (Other than Small Business)

☐ Nonprofit Entity

☐ Small Business

☐ Local Government

☐ Economic Development Authority

☐ Tribal Government

☐ Other:

1. **Organization Capacity –** *Enter the most recent annual data that applies to your current business operations.*

Number of full-time employees:

Number of part-time employees:

Bales of organic fiber:

Gallons of organic milk:

Tons of organic legumes, grains, feed:

Other organic products (please specify unit of measure):

1. **Organic Certification Status –** Per [7 C.F.R. §205](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-I/subchapter-M/part-205), applicants must be certified or in transition to being certified. If selected for funding, applicants must be in the [Organic Integrity Database](https://organic.ams.usda.gov/integrity). Select all that apply.

☐ Certified Organic Producer

☐ Certified Organic Handler

☐ Transitioning to Organic Producer

☐ Transitioning to Organic Handler

☐ Not applicable (for nonprofit and or government entities)

# PROJECT INFORMATION

1. **Project Title -** *Must match box 15 of the SF-424.*
2. **Priority Pinpointed Market Needs –** *Select the applicable Pinpointed Market Need as described in section 1.4.6 in the RFA. Projects which do not address these categories should explain the market needs or gaps it will fill.*

☐ Organic grains and livestock feed

☐ Organic dairy

☐ Organic fibers

☐ Organic legumes and other rotational crops

☐ Organic ingredients currently unavailable in commercial form

☐ Other market needs Please explain:

1. **Requested Equipment Funds *-*** *Insert the total amount of Federal funds requested. This must match the amount requested on Line 18a of the SF-424.*

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# EXECUTIVE SUMMARY

In 250 words or less, briefly describe the project’s intended goal(s) of the equipment with a description of how the goal(s) align with the purpose of the program. This summary will be made available to the public.

# ALIGNMENT AND INTENT

Describe the specific issues the purchase of the equipment will address, how it will strengthen the organization capacity, and how it will help improve markets for domestically produced organic products, certified organic processing capacity, market access, and product development, as applicable. Describe the extent of the purchase and justify the need of the equipment. Include a technical description of the requested equipment(s), including manufacturer and model number where appropriate. This section should clearly explain why the requested equipment is needed. Address the following points in this section:

* List the objectives for this project, relating them directly to the issues mentioned above. Add objectives as needed:

Objective 1:

Objective 2:

* Describe the goal(s) for the purchase of the equipment, why they are significant and how they help improve market access for organic products.
* Describe the equipment beneficiaries, if any, and how it will strengthen the organization capacity.

# TECHNICAL MERIT

## WORK PLAN

Describe the administrative timeline (within 6 months of the award) of how the equipment (s) will be acquired and installed, and how the work will be completed. Indicate the physical location of the proposed equipment(s).

| Objective*Include the objective this activity will be tied to* | List and describe each planned activity*Include the scope of work and how it relates to the project objectives* | Anticipated completion date | Required resources*For completion of each activity* | Milestones*For assessing progress and success of each activity* | Who will do the work?*Include collaborative arrangements or subcontractors* |
| --- | --- | --- | --- | --- | --- |
| ***Objective 1*** | *Sample Activity 1* | *October 20XX* | *Hire contractor**Training Space* | *Milestone 1: Complete XX assessment**Milestone 2: Conduct XX food safety workshops* | *ABC Best Contracting Service**XYZ Company’s Executive Director* |
|  |  |  |  |  |  |

Has this project been submitted to another Federal grant program, including other USDA/AMS grant programs? Note: AMS will not fund equipment that is duplicative or overlaps with effort already funded by other federal agencies or with federal funds. If yes, provide the AMS agreement number for any USDA or AMS grants received in the past 5 years.

☐ Yes ☐ No

|  |  |  |
| --- | --- | --- |
| Year | Funding source *Program Name, Type of Award (if applicable) and/or AMS Grant Agreement # (if applicable)* | Description |
|  |  |  |
|  |  |  |

# ACHIEVABILITY

## OUTCOMES AND INDICATORS

Complete all applicable project Outcomes and Indicators with baseline and/or estimated realistic target numbers. Enter the number and unit of measurement (e.g. lbs.) in the Estimated Number column. If an indicator does not apply to your project, check “Not Applicable (N/A).” Note: Your application should demonstrate how your proposed activities will achieve these outcomes.

### Outcome 1: Increased Domestic Organic Production Capacity from Equipment Installation and Process Improvement

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| **1.1** | **Increased organic grains and livestock feed capacity\_\_lbs.** |  | [ ]  |
| 1.1a | Increased sales, $\_\_, or  |  | [ ]  |
| 1.1b | Percent change in sales \_\_. |  | [ ]  |
| **1.2** | **Increased organic dairy capacity \_\_CWT.** |  | [ ]  |
| 1.2a | Increased sales, $\_\_, or  |  | [ ]  |
| 1.2b | Percent change in sales \_\_. |  | [ ]  |
| **1.3** | **Increased organic fibers capacity\_\_lbs.** |  | [ ]  |
| 1.3a | Increased sales, $\_\_, or  |  | [ ]  |
| 1.3b | Percent change in sales \_\_. |  | [ ]  |
| **1.4** | **Increased organic legumes capacity\_\_lbs.** |  | [ ]  |
| 1.4a | Increased sales, $\_\_, or  |  | [ ]  |
| 1.4b | Percent change in sales \_\_. |  | [ ]  |
| **1.5** | **Increased organic ingredients capacity\_\_lbs.** |  | [ ]  |
| 1.5a | Increased sales, $\_\_, or  |  | [ ]  |
| 1.5b | Percent change in sales \_\_. |  | [ ]  |
| **1.6** | **Increased other organic product capacity/rotational crops\_\_lbs. (List here \_\_\_\_\_\_\_\_\_\_\_).** |  | [ ]  |
| 1.6a | Increased sales, $\_\_, or  |  | [ ]  |
| 1.6b | Percent change in sales \_\_. |  | [ ]  |

### Outcome 2: Increases in Domestic Organic Product Capacity from Improved Transportation, Aggregation, Processing and Storage

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| **2.1**  | **Transportation Efficiencies, \_\_\_\_\_\_\_\_reduced vehicle miles traveled.** |  | [ ]  |
| **2.2** | **Increase in Transportation:** |  | [ ]  |
| 2.2a | Increased volume \_\_ (lbs. CWT, etc.), or  |  | [ ]  |
| 2.2b | Percent change \_\_. |  | [ ]  |
| **2.3** | **Increase in aggregation:** |  | [ ]  |
| 2.3a | Increased volume \_\_ (lbs. CWT, etc.), or  |  | [ ]  |
| 2.3b | Percent change \_\_. |  | [ ]  |
| **2.4** | **Increase in processing:** |  | [ ]  |
| 2.4a | Increased volume \_\_ (lbs. CWT, etc.), or  |  | [ ]  |
| 2.4b | Percent change \_\_. |  | [ ]  |
| **2.5** | **Increase in storage:** |  | [ ]  |
| 2.5a | Increased volume \_\_ (lbs. CWT, etc.), or  |  | [ ]  |

## OUTCOME INDICATOR MEASUREMENT PLAN

For each selected indicator above, describe how you derived the numbers, how and when you intend to evaluate your progress, and any potential challenges to achieving the estimated targets and action steps for addressing them. Add more rows as needed.

| Outcome and indicator #*i.e., 3.i., 6.a., 6.b.* | How did you derive the estimated numbers?*i.e., documented background or baseline information, recent research and data, 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* |
| --- | --- | --- | --- |
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# EXPERTISE AND PARTNERS

## KEY STAFF (APPLICANT PERSONNEL AND EXTERNAL PARTNER/COLLABORATORS)

List key staff, including applicant personnel and external project partners and collaborators (see section 3.2 in the RFA for definitions) that will be responsible or benefit from the equipment. Applicant may include Letters of Support from Partner and Collaborator Organizations to support the information (see section 5.2.7 in the RFA).

| Key staff*Name and title* | Role | Relevant experience and past successes |
| --- | --- | --- |
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# FISCAL PLAN AND RESOURCES

## EQUIPMENT

Describe the equipment to be purchased under the grant. 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. Purchase of general-purpose equipment is not allowable under this grant. Please review specific terms and conditions for more information. A quote or estimated cost from the equipment provider is highly recommended and can be attached to the application package.

| Item # | Description of funds justification | Date acquired? | Funds requested |
| --- | --- | --- | --- |
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**Equipment funds requested subtotal: $**

**Equipment match value subtotal: $**

# 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 0503-0028. Public reporting burden for this collection of information is estimated to average 4 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.

**Upon completion, save this form as a PDF and attach it to the application package within Grants.gov using the "Project Narrative Attachment Form" on the application package.**