Farmers Market Promotion Program

AND

Local Food Promotion Program

2025 Turnkey **RECRUITMENT AND TRAINING** Project Narrative Form and instructions

This form is mandatory for all Turnkey Recruitment and Training applications. Turnkey applications do NOT require the completion of the Farmers Market Promotion Program (FMPP) and Local Food Promotion Program (LFPP) Narrative Form. Thoroughly review the applicable FMPP or LFPP Request for Applications (RFA) before completing this form. This form must be converted to PDF and attached to the application package within Grants.gov.

1. **Applicant** **Organization**

Must match box 8 of the SF-424.

Name:

Email:

Phone:

Mailing Address:

1. **Authorized Organization Representative (AOR)**

This person is responsible for signing any documentation should the grant be awarded. Must match box 21 of the SF-424.

Name:

Email:

Phone:

Mailing Address:  Check if same as above

1. **Project Coordinator or Director (PC/PD)**

*This cannot be the same person listed as the AOR.*

Name:

Email:

Phone:

Mailing Address: ☐ Check if same as above

1. **Applicant Entity Type**

Select each applicable entity type as defined in Section 2.1 of the RFA. If your organization is a State Agency Regional Farmers Market Authority, you must provide the regulatory statute(s) that identify your agency as that entity type.

Agricultural Business or Cooperatives

Community Supported Agriculture (CSA) Network or Association

Economic Development Corporation

Food Council

Local Government

Nonprofit Corporation

Producer Network or Association

Public Benefit Corporation

Regional Farmers Market Authority

State Agency Regional Farmers Market Authority (Indicate Regulation Below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tribal Government

Other (Specify Below):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Project Activity Category**

Project activities have already been preselected specific to Recruitment and Training Turnkey project focus.

Farmer Recruitment and Retention

Training and Education

1. **Project Title** *(Provide a descriptive title.* Must match box 15 of the SF-424.):
2. **Grant Application Project Type** (Only select one Program Project Type. Described in Section 3.3 of the RFA)

**FMPP:**

FMPP Turnkey Recruitment and Training

**LFPP:**

LFPP Turnkey Recruitment and Training

1. **Requested Funds**

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.

**$**

1. **Cost Share Funds**

Applicant must provide a 25% cost share on the total Federal portion of the grant. This must align with the total amount requested on Line 18b Applicant Funding of the SF-424. See Section 2.4 of the RFA for more information.

**$**

1. **Does the proposal address the Low Income/Low Access (LI/LA) Priority Consideration as described in Section 3.4 of the RFA?**See instructions on how to determine priority eligibility at *Qualifying for Priority Consideration* at the end of this form.

Yes  No

1. **Project Implementation Physical Address**

Enter up to three addresses where this project will be implemented. If you are requesting consideration as a priority area, enter the [Food Access Research Atlas](https://www.ers.usda.gov/data-products/food-access-research-atlas/) Low Income/Low Access (LI/LA) Census Tract number. For detailed instructions, see Qualifying for Priority Consideration at the end of this form.

| # | Address | LI/LA | LI/LA Census Tract # (if applicable) |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

# Executive Summary

*In 250 words or less, briefly describe the project’s purpose; activities to be performed, deliverables and expected outcomes; intended beneficiaries; including subrecipients, key partners and collaborators (when applicable); and any other pertinent information. This summary will be made available to the public.*

# Technical Merit

## Work Plan

Describe the activities and timeline associated with each project objective selected for the turnkey project. The Turnkey project work plan includes five (5) prescribed objectives. There is flexibility in specific activities, budget, timeline and staffing for each objective. Fill out the table below to include the following information:

A list and description of each planned activity, anticipated date of completion; resource required; milestone(s) for assessing progress and success; and who is responsible for completing the activity, including collaborative arrangements or subcontractors.

Reminder that the project must specifically benefit farm and ranch operations serving local markets, and must benefit more than one agricultural producer, vendor, or individual. To qualify for this Turnkey application, you must work on at least 3 of the objectives in the chart below. For those you will NOT be doing, please mark N/A in the second column for that objective. DO NOT modify this Project Narrative form. The only acceptable modification is to add additional rows to the tables.

| 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* |
| --- | --- | --- | --- | --- | --- |
|  | *Sample Activity 1* | *October 20XX* | *Hire contractor*  *Refrigerator equipment* | *Milestone 1: Complete XX assessment*  *Milestone 2: Initiate XX equipment purchases* | *ABC Best Contracting Service*  *XYZ Company’s Executive Director* |
| Identify and analyze new or improved strategies for vendor and producer recruitment, training, or both. |  |  |  |  |  |
| Develop or revise strategies or plans for vendor or producer recruitment, training, or both. |  |  |  |  |  |
| Design materials for vendor and producer recruitment, training, or both. |  |  |  |  |  |
| Implement plans for vendor and producer recruitment, training, or both |  |  |  |  |  |
| Evaluate outcomes related to vendor and producer recruitment, training, or both. |  |  |  |  |  |

Have you received a past FMPP or LFPP grant award?

Yes  No

Have you submitted this project to another Federal grant program?

Yes  No

Are you a current Regional Food System Partnership (RFSP) recipient?

Yes  No

If yes to the above questions, please provide the information below. Provide AMS agreement number for grants received in the past 5 years. Describe how the project is/was different from previous grants or how it supplements the proposed activities; and the results of the current project (if applicable). Include lessons learned, what can be improved, and how these lessons and improvements will be incorporated into this application to meet program goals effectively and successfully.

| Year | Grant award  Program Name, Type of Grant (if applicable) and/or AMS Grant Agreement Number (if applicable) | Description |
| --- | --- | --- |
|  |  |  |
|  |  |  |

# Achievability

This section includes the outcome indicator evaluation plan.

## Outcome Indicators

*Complete all applicable project Outcomes and Indicators with baseline and/or estimated realistic target numbers. Applicants must choose at least one Outcome and Indicator(s). If an outcome indicator does not apply, check N/A (Not Applicable). For additional information on how to collect data for these outcomes and indicators, refer to the* [*Performance Measures Data Collection Guide*](https://www.ams.usda.gov/sites/default/files/media/FMLFPP_PerformanceMeasuresDataCollectionGuide.pdf)*. The outcomes below are the FMPP and LFPP outcomes that are specific to the Recruitment and Training Turnkey Application.*

### Outcome 2: Facilitate Regional Food Chain Coordination and Increase Capacity of Direct-To-Consumer Entities

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| 2.1 | **Total number of partnerships and/or collaborations established between producers/ processors and local/regional supply networks \_\_\_. Of those established:** |  |  |
| 2.1a | The number formalized with written agreements (i.e. MOU’s, signed contracts, etc.) |  |  |
| 2.2 | **Of the total number of partnerships and collaborations identified in 2.1, the number that reported:** |  |  |
| 2.2a | Expanded/improved regional food systems |  |  |
| 2.2b | Higher profits |  |  |
| 2.2c | More efficient transportation |  |  |
| 2.2d | Improved marketing channels |  |  |
| 2.2e | Other mid-tier value chain enhancements |  |  |
| 2.3 | **Total number of stakeholders trained on how to develop or sustain a direct-to-consumer enterprise** |  |  |
| 2.3a | Of those trained, the number that are new/ beginning producers |  |  |
| 2.4 | **Number of strategic plans developed or updated** |  |  |
| 2.5 | **Total number of new direct producer-to-consumer market access points established \_\_\_. Of those, the number that were:** |  |  |
| 2.5a | Farmers markets |  |  |
| 2.5b | Roadside stands |  |  |
| 2.5c | Agritourism |  |  |
| 2.5d | Grocery stores |  |  |
| 2.5e | Wholesale markets/buyers |  |  |
| 2.5f | Restaurants |  |  |
| 2.5g | Agricultural cooperatives |  |  |
| 2.5h | Retailers |  |  |
| 2.5i | Distributors |  |  |
| 2.5j | Food hubs |  |  |
| 2.5k | Shared-use kitchens |  |  |
| 2.5l | School food programs |  |  |
| 2.5m | Community-supported agriculture (CSAs) |  |  |
| 2.5n | Other |  |  |

### Outcome 3: Develop the Market for Local/Regional Agricultural Products

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| 3.1 | **Number of stakeholders that gained technical knowledge about producing, preparing, procuring, and/or accessing local/regional foods \_\_\_. Of those, the number that were:** |  |  |
| 3.1a | Farmers Markets |  |  |
| 3.1b | Roadside Stands |  |  |
| 3.1c | Agritourism |  |  |
| 3.1d | Grocery stores |  |  |
| 3.1e | Wholesale markets/buyers |  |  |
| 3.1f | Restaurants |  |  |
| 3.1g | Agricultural cooperatives |  |  |
| 3.1h | Retailers |  |  |
| 3.1i | Distributors |  |  |
| 3.1j | Food hubs |  |  |
| 3.1k | Shared-use kitchens |  |  |
| 3.1l | School food programs |  |  |
| 3.1m | Community supported agriculture (CSAs) |  |  |
| 3.1n | Other |  |  |
| 3.2 | **Total number of delivery systems/market access points that increased engagement with local/regional producers \_\_\_. Of those, the number that were:** |  |  |
| 3.2a | Farmers Markets |  |  |
| 3.2b | Roadside Stands |  |  |
| 3.2c | Agritourism |  |  |
| 3.2d | Grocery stores |  |  |
| 3.2e | Wholesale markets/buyers |  |  |
| 3.2f | Restaurants |  |  |
| 3.2g | Agricultural cooperatives |  |  |
| 3.2h | Retailers |  |  |
| 3.2i | Distributors |  |  |
| 3.2j | Food hubs |  |  |
| 3.2k | Shared-use kitchens |  |  |
| 3.2l | School food programs |  |  |
| 3.2m | Community supported agriculture (CSAs) |  |  |
| 3.2n | Other |  |  |
| 3.3 | **Number of new tools/ technologies developed to improve local/regional food processing, distribution, aggregation, or storage \_\_\_.** |  |  |
| 3.3a | Number of stakeholders trained to use new tools/technologies |  |  |
| 3.4 | **Number of delivery systems/market access points that reported increased or improved:** |  |  |
| 3.4a | Processing |  |  |
| 3.4b | Distribution |  |  |
| 3.4c | Storage |  |  |
| 3.4d | Aggregation of locally/ regionally produced agricultural products |  |  |
| 3.5 | **Total number of delivery systems/market access points that established and/or expanded local/regional agricultural product or service offerings\_\_\_. Of those, the number that were:** |  |  |
| 3.5a | Farmers Markets |  |  |
| 3.5b | Roadside Stands |  |  |
| 3.5c | Agritourism |  |  |
| 3.5d | Grocery stores |  |  |
| 3.5e | Wholesale markets/buyers |  |  |
| 3.5f | Restaurants |  |  |
| 3.5g | Agricultural cooperatives |  |  |
| 3.5h | Retailers |  |  |
| 3.5i | Distributors |  |  |
| 3.5j | Food hubs |  |  |
| 3.5k | Shared-use kitchens |  |  |
| 3.5l | School food programs |  |  |
| 3.5m | Community supported agriculture (CSAs) |  |  |
| 3.5n | Other |  |  |
| 3.6 | **Number of delivery systems/market access points that reported increased:** |  |  |
| 3.6a | Revenue |  |  |
| 3.6b | Sales |  |  |
| 3.6c | Cost savings |  |  |

### Outcome 4: Increase Viability of Local/Regional Producers and Processors

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| 4.1 | **Number of producers/processors who gained knowledge about new market opportunities** |  |  |
| 4.3 | **Number of producer/processors that reported increased engagement with new delivery systems or market access points** |  |  |
| 4.3 | **Number of producers/processors that implemented new or improved operational methods** |  |  |
| 4.4 | **Number of value-added agricultural products developed** |  |  |
| 4.5 | **Number of producers/processors that reported selling new local/regional food products** |  |  |
| 4.5a | Number that reported selling new value-added products |  |  |
| 4.6 | **Number of producers/processors that reported a reduction in on-farm food waste through new business opportunities and marketing** |  |  |
| 4.7 | **Number of producers/ processors that reported increased:** |  |  |
| 4.7a | Revenue |  |  |
| 4.7b | Sales and/or |  |  |
| 4.7c | Cost savings due to local/regional food, operational, and/or value-added product activities |  |  |
| 4.8 | **Number of local/regional agricultural jobs** |  |  |
| 4.8a | Created |  |  |
| 4.8b | Maintained |  |  |
| 4.9 | **Total number of new producers who went into local/regional food production \_\_\_. Of those, number who are:** |  |  |
| 4.9a | Beginning farmers/ranchers |  |  |
| 4.9b | Veteran farmers/ranchers |  |  |

### Outcome 5: Improve Food Safety of Local/Regional Agricultural Products

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| 5.1 | **Number of stakeholders that gained knowledge about prevention, detection, control, and/or intervention food safety practices, including relevant regulations to mitigate risk (and to improve their ability to comply with the Food Safety Modernization Act (FSMA) and/or meet the standards for aligned third party food safety audits such as Harmonized GAP/GHP)** |  |  |
| 5.3 | **Number of stakeholders that:** |  |  |
| 5.3a | Established a food safety plan |  |  |
| 5.3b | Revised or updated their food safety plan |  |  |
| 5.3 | **Number of specialty crop stakeholders who implemented new/improved prevention, detection, control, and intervention practices, tools, or technologies to mitigate food safety risks (and/or to improve their ability to comply with the Food Safety Modernization Act (FSMA) and/or meet the standards for aligned third party food safety audits such as Harmonized GAP/GHP)** |  |  |
| 5.4 | **Number of prevention, detection, control, or intervention practices developed or enhanced to mitigate food safety risks** |  |  |
| 5.5 | **Number of stakeholders that used these grant funds to:** |  |  |
| 5.5a | Purchase |  |  |
| 5.5b | Upgrade food safety equipment |  |  |

# ****Expertise and Partners****

List key staff, including applicant personnel and external project partners and collaborators (see section 3.3 in the RFA for definitions) that comprise the Project Team, their role, their relevant experience, and past successes in developing and operating projects similar to those to be conducted under this project. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 4.8 in the RFA). If needed, add additional rows.

| Key staff  *Name and Title* | Role | Relevant experience and past successes |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |

# Project Management Plan

Describe your management plan for coordination, communication, and data sharing and reporting among members of the Project Team and stakeholder groups, including both internal applicant personnel **and** external partners and collaborators.

# Fiscal Plan and Resources

*Please complete the Budget and Justification below and ensure that you have included Critical Resources and Infrastructure letters to support the application information (see section 4.9 in the RFA). If needed, add additional rows to the tables. You must fill the SF-434 A Budget Information Non – Construction Programs Form along with this section*

## Budget Summary

The budget must show the total cost for the project and describe how category costs listed in the budget are derived. The budget justification must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes. The budget must show a relationship between work planned and performed to the costs incurred. The budget summary table totals must match with the subtotals for each expense category.

Refer to RFA **Section 3.6 Allowable and Unallowable Costs and Activities** for more information on allowable and unallowable expenses.

| **Expense category** | **Federal funds** | **Cost Share**  **applicant and 3rd parties** |
| --- | --- | --- |
| **Personnel** |  |  |
| **Fringe benefits** |  |  |
| **Travel** |  |  |
| **Supplies** |  |  |
| **Contractual** |  |  |
| **Other (specify)** |  |  |
| **Direct costs subtotal** |  |  |
| **Indirect costs** |  |  |
| **Total budget** *(direct + indirect)* |  |  |

## 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 cost share. 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. For annual salary please provide the salary for each year.

| # | Personnel Name/title | Level of effort  *(# of hours OR*  *% FTE)* | Annual Salary | Total Funds Requested | Cost Share Value | Cost Share Type |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  | $ | $ | Cash:  In-Kind: |
| 2 |  |  |  | $ | $ | Cash:  In-Kind: |
| 3 |  |  |  | $ | $ | Cash:  In-Kind: |

Personnel total funds requested subtotal: $

Personnel cost share value subtotal: $

**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*.

Personnel 1: Justification

Personnel 2: Justification

Personnel 3: Justification

## 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.

| # | Fringe Benefits Name/Title | Fringe Benefit Rate | Funds Requested | Cost Share Value | Cost Share Type |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  | $ | $ | Cash:  In-Kind: |
| 2 |  |  | $ | $ | Cash:  In-Kind: |
| 3 |  |  | $ | $ | Cash:  In-Kind: |

Fringe benefits funds requested subtotal: $

Fringe benefits cost share value subtotal$

## 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 <http://www.gsa.gov>.

| Trip # | Trip Destination | Type of expense  *(airfare, car rental, hotel, meals, mileage, etc.)* | Unit of measure  *(days, nights, miles)* | # of units | Cost Per Unit | Travelers Claiming Expense  *(#)* | Funds Requested | Cost Share Value | Cost Share Type |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  | $ | $ | Cash:  In-Kind: |
| 2 |  |  |  |  |  |  | $ | $ | Cash:  In-Kind: |
| 3 |  |  |  |  |  |  | $ | $ | Cash:  In-Kind: |

Travel funds requested subtotal: $

Travel cost share value subtotal: $

**CONFORMING WITH YOUR TRAVEL POLICY**

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 [3 CFR 300.474](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 31.3](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12), as applicable.

**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.*

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

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

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

## Supplies

List the materials, supplies, and fabricated parts costing less than $10,000 per unit and describe how they will support the purpose and goal of the proposal.

| Item # | Item Description | Cost Per-unit | # of units/pieces purchased | Acquisition Date | Funds requested | Cost Share value | Cost Share type |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  | $ | $ | Cash:  In-Kind: |
| 2 |  |  |  |  | $ | $ | Cash:  In-Kind: |
| 3 |  |  |  |  | $ | $ | Cash:  In-Kind: |

Supplies funds requested subtotal: $

Supplies cost share value subtotal: $

**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: Justification

Supply 2: Justification

Supply 3: Justification

## Contractual

The Contractual section includes contractual, consultant, and subaward agreements that are part of the completion of the project. 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. Contractual/consultant 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 consultant or subaward, each must be described separately.

| Type | Contractual Name/Organization | Hourly Rate | Funds Requested | Cost Share Value | Cost Share Type |
| --- | --- | --- | --- | --- | --- |
| 1  Contract  Subaward |  |  | $ | $ | Cash:  In-Kind: |
| 2  Contract  Subaward |  |  | $ | $ | Cash:  In-Kind: |
| 3  Contract  Subaward |  |  | $ | $ | Cash:  In-Kind: |

Contractual funds requested subtotal: $

Contractual cost share value subtotal: $

**CONFORMING WITH YOUR PROCUREMENT STANDARDS**

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 [3 CFR §300.317 through §300.337](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) is/are not already selected, I affirm that my organization will follow the same requirements.

**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. If awarded, copies of the contractual agreements will be required.*

Contractual 1: Justification

Contractual 2: Justification

Contractual 3: Justification

## 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.

| Item # | Item Description | Per-Unit Cost | # of Units/Pieces Purchased | Acquisition Date | Funds Requested | Cost Share Value | Cost Share Type |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  | $ | $ | Cash:  In-Kind: |
| 2 |  |  |  |  | $ | $ | Cash:  In-Kind: |
| 3 |  |  |  |  | $ | $ | Cash:  In-Kind: |

Other funds requested subtotal: $

Other cost share value subtotal: $

**OTHER JUSTIFICATION**

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

Other 1: Justification

Other 2: Justification

Other 3: Justification

## Indirect

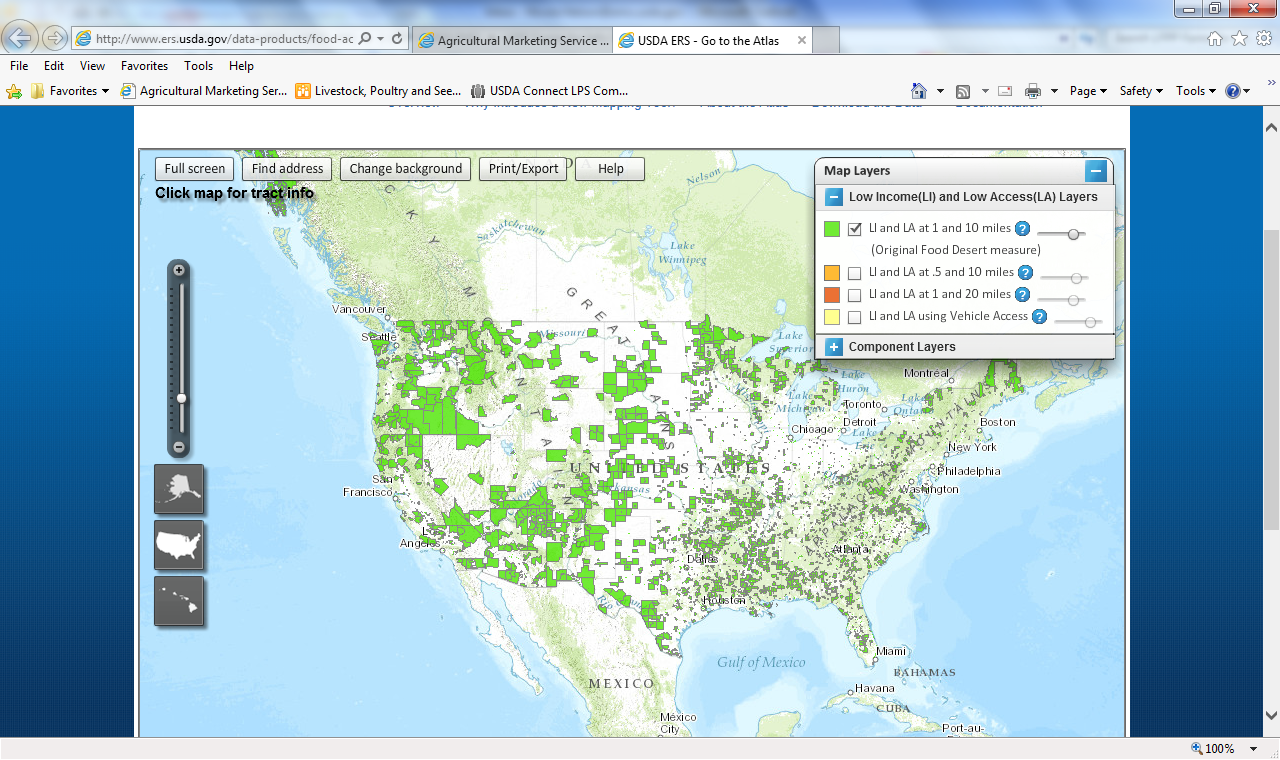
Indirect costs (also known as “facilities and administrative costs”—defined at [3 CFR §300.1](https://www.ecfr.gov/current/title-2/part-200)) represent the expenses of doing business that are not readily identified with a particular grant, contract, or project function or activity, but are necessary 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 3.7 of the RFA.

| Indirect Cost Rate Requested (%) | Funds Requested | Cost Share Value | Cost Share Type |
| --- | --- | --- | --- |
|  | $ | $ | Cash:  In-Kind: |

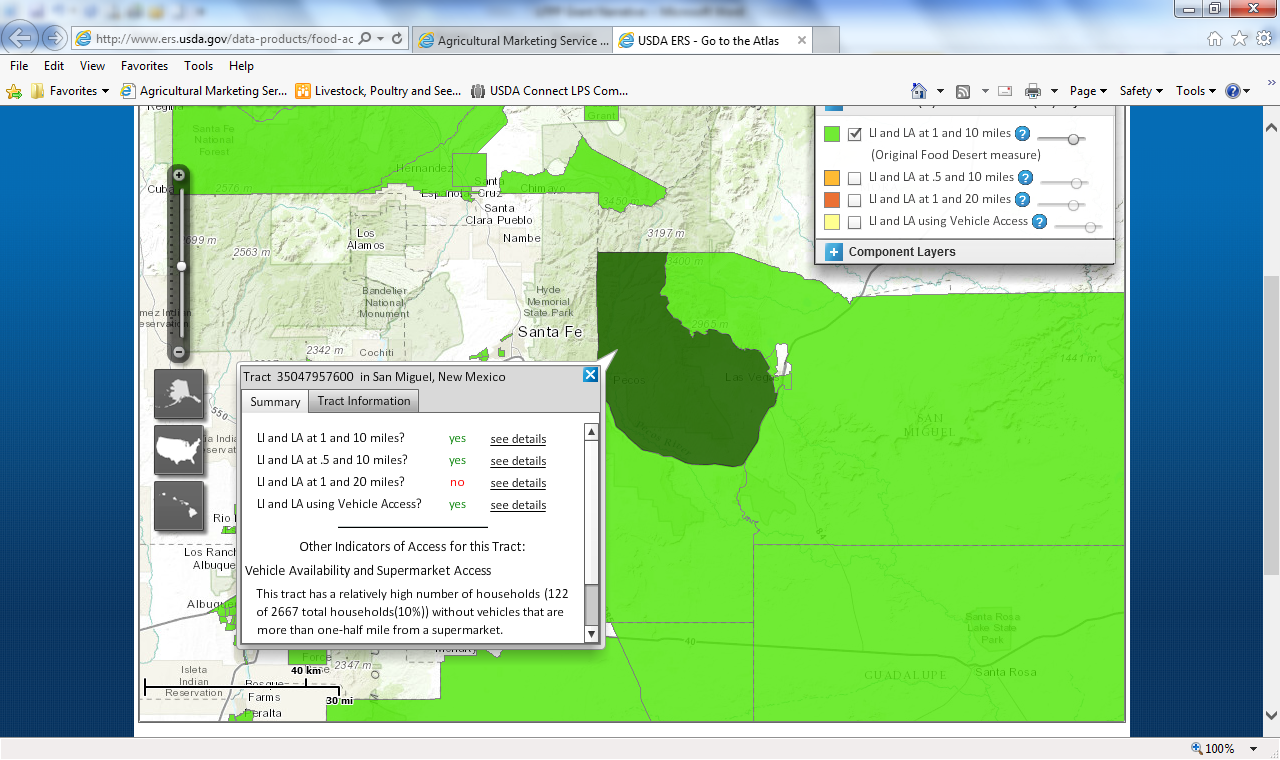
# Qualifying for Priority Consideration

**Food Access Research Atlas (Atlas)** [**http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx**](http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx)

Once you enter the Atlas, check one of the four the map layer(s) that applies to the proposal’s targeted community.



Zoom in on the map to identify your community. Clicking on your targeted area will produce the census tract and additional information about the locale. In the example below, the dark green area qualifies as low income and low access, and the census tract would be 35047957600.



# Equal Opportunity Statement

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

# Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995 ([44 U.S.C. 3501](https://www.govinfo.gov/content/pkg/BILLS-104s244enr/pdf/BILLS-104s244enr.pdf)), an agency may not conduct or sponsor, and a person is not 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 0581-0340. The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.