



# FARMERS MARKET PROMOTION PROGRAM AND LOCAL FOOD PROMOTION PROGRAM

## 2025 PROJECT NARRATIVE FORM AND INSTRUCTIONS

NOT For Turnkey Application Projects

*This form is mandatory for all Farmers Market Promotion Program (FMPP) or Local Food Promotion Program (LFPP) project type applications, EXCEPT for the "Turnkey Marketing and Promotion" and "Turnkey Recruitment and Training Turnkey" applications. The Turnkey applicants are required to complete their respective Turnkey Project Narrative form only, available at the program website. 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:

### 2. 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

### 3. 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

### 4. 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

☐ Public Benefit Corporation

☐ Community Supported Agriculture (CSA)  
Network or Association

☐ Regional Farmers Market Authority

☐ Economic Development Corporation

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

☐ Food Council

☐ Tribal Government

☐ Local Government

☐ Nonprofit Corporation

☐ Other (Specify Below):

☐ Producer Network or Association

**5. Project Activity Category**

Identify all the activity categories that fit your project.

- |   |   |
|---|---|
| <input type="checkbox"/> Aggregation                      | <input type="checkbox"/> Product Diversification /Expansion |
| <input type="checkbox"/> Agritourism                      | <input type="checkbox"/> Organic                            |
| <input type="checkbox"/> Farm to Institution              | <input type="checkbox"/> On-Farm Food Waste                 |
| <input type="checkbox"/> Farmer Recruitment and Retention | <input type="checkbox"/> Season Extension                   |
| <input type="checkbox"/> Food Safety                      | <input type="checkbox"/> Training and Education             |
| <input type="checkbox"/> Infrastructure                   | <input type="checkbox"/> Transportation and Distribution    |
| <input type="checkbox"/> Marketing and Promotion          | <input type="checkbox"/> Value-added Processing             |
| <input type="checkbox"/> Processing                       | <input type="checkbox"/> Other (specify below):             |
- 

**6. Project Title** (Provide a descriptive title. Must match box 15 of the SF-424.):**7. Grant Application Project Type** (ONLY select one Program Project Type. Described in Section 3.3 of the RFA)**FMPP:**

- ☐ Capacity Building (CB)  
☐ Community Development Training and  
 Technical Assistance (CTA)

**LFPP:**

- ☐ Planning  
☐ Implementation

**8. Requested FMPP or LFPP 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.

\$

**9. 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.

\$

**10. 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

## 11. 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](#) 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, 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

*Describe the specific issue, problem, or need that the project will address in relation to the Statutory Language found in the RFA in Section 3.1. Answering this question should clearly justify the project's objectives and approach, and not just provide the associated statistics. You must articulate the reason behind the selected local or regional food system development effort.*

List objectives for this project.

*The objectives must be related to addressing the issue(s), problem(s), or need(s) mentioned above and related to the project's approach and work plan. Add objectives as necessary.*

- Objective 1:
- Objective 2:
- Objective 3:

*Who are the intended beneficiaries of this project and how many are there? How does the project specifically benefit farm and ranch operations serving local markets?*

*What are the expected short-and long-term impacts to the beneficiaries of this project? Specifically, the project should focus on the benefits to farm and ranch operations serving local markets.*

## TECHNICAL MERIT

### Work Plan

Describe the activities and timeline associated with each project objective mentioned in the Alignment and Intent section. Include the following information:

A timeline for each planned activity and major output including the anticipated date of completion; how and where the activities will take place; required resources; milestone(s) for assessing progress and success; who is responsible for completing the activity, including collaborative arrangements or subcontractors; if conducting training and technical assistance, how participants will be recruited and how you will help guide program development and delivery. DO NOT modify the FMPP or LFPP Project Narrative form. The only acceptable modification is to add additional rows to the tables.

<b>Objective:</b> <i>Include the objective this activity will be tied to</i>	<b>List and describe each planned activity:</b> <i>Include the scope of work and how it relates to the project objectives</i>	<b>Anticipated completion date:</b>	<b>Required resources:</b> <i>For completion of each activity</i>	<b>Milestones:</b> <i>For assessing progress and success of each activity</i>	<b>Who will do the work?</b> <i>Include collaborative arrangements or subcontractors</i>
Objective 1: List objective from Alignment and Intent section	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

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](#).

#### Outcome 1: Develop Business Plans and Feasibility Studies

Indicator	Description	Estimated number	N/A
<b>1.1</b>	<b>Total number</b> of supply chain analyses, market assessments, feasibility, or other relevant studies developed		<input type="checkbox"/>
<b>1.2</b>	<b>Number of the following identified through needs assessment or feasibility studies:</b>		
1.2a	New markets		<input type="checkbox"/>
1.2b	Unmet consumer needs		<input type="checkbox"/>
1.2c	Barriers to local foods		<input type="checkbox"/>
1.2d	Unserved populations		<input type="checkbox"/>
1.2e	Supply chain gaps		<input type="checkbox"/>
1.2f	Partnership opportunities		<input type="checkbox"/>
1.2g	Other identified needs		<input type="checkbox"/>
<b>1.3</b>	<b>Number of projects:</b>		
1.3a	Deemed viable after conducting feasibility study, or		<input type="checkbox"/>
1.3b	Deemed not viable after conducting feasibility study		<input type="checkbox"/>
<b>1.4</b>	<b>Number of business development plans created</b>		<input type="checkbox"/>

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

Indicator	Description	Estimated number	N/A
<b>2.1</b>	<b>Total number of partnerships and/or collaborations established between producers/ processors and local/regional supply networks _____. Of those established:</b>		<input type="checkbox"/>
2.1a	The number formalized with written agreements (i.e. MOU's, signed contracts, etc.)		<input type="checkbox"/>

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

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

Indicator	Description	Estimated number	N/A
<b>3.1</b>	<b>Number of stakeholders that gained technical knowledge about producing, preparing, procuring, and/or accessing local/regional foods _____. Of those, the number that were:</b>		<input type="checkbox"/>
3.1a	Farmers Markets		<input type="checkbox"/>
3.1b	Roadside Stands		<input type="checkbox"/>
3.1c	Agritourism		<input type="checkbox"/>
3.1d	Grocery stores		<input type="checkbox"/>
3.1e	Wholesale markets/buyers		<input type="checkbox"/>
3.1f	Restaurants		<input type="checkbox"/>
3.1g	Agricultural cooperatives		<input type="checkbox"/>

Indicator	Description	Estimated number	N/A
3.1h	Retailers		<input type="checkbox"/>
3.1i	Distributors		<input type="checkbox"/>
3.1j	Food hubs		<input type="checkbox"/>
3.1k	Shared-use kitchens		<input type="checkbox"/>
3.1l	School food programs		<input type="checkbox"/>
3.1m	Community supported agriculture (CSAs)		<input type="checkbox"/>
3.1n	Other		<input type="checkbox"/>
<b>3.2</b>	<b>Total number of delivery systems/market access points that increased engagement with local/regional producers _____. Of those, the number that were:</b>		<input type="checkbox"/>
3.2a	Farmers Markets		<input type="checkbox"/>
3.2b	Roadside Stands		<input type="checkbox"/>
3.2c	Agritourism		<input type="checkbox"/>
3.2d	Grocery stores		<input type="checkbox"/>
3.2e	Wholesale markets/buyers		<input type="checkbox"/>
3.2f	Restaurants		<input type="checkbox"/>
3.2g	Agricultural cooperatives		<input type="checkbox"/>
3.2h	Retailers		<input type="checkbox"/>
3.2i	Distributors		<input type="checkbox"/>
3.2j	Food hubs		<input type="checkbox"/>
3.2k	Shared-use kitchens		<input type="checkbox"/>
3.2l	School food programs		<input type="checkbox"/>
3.2m	Community supported agriculture (CSAs)		<input type="checkbox"/>
3.2n	Other		<input type="checkbox"/>
<b>3.3</b>	<b>Number of new tools/ technologies developed to improve local/regional food processing, distribution, aggregation, or storage _____.</b>		<input type="checkbox"/>
3.3a	Number of stakeholders trained to use new tools/technologies		<input type="checkbox"/>
<b>3.4</b>	<b>Number of delivery systems/market access points that reported increased or improved:</b>		<input type="checkbox"/>
3.4a	Processing		<input type="checkbox"/>
3.4b	Distribution		<input type="checkbox"/>
3.4c	Storage		<input type="checkbox"/>
3.4d	Aggregation of locally/ regionally produced agricultural products		<input type="checkbox"/>
<b>3.5</b>	<b>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:</b>		<input type="checkbox"/>
3.5a	Farmers Markets		<input type="checkbox"/>
3.5b	Roadside Stands		<input type="checkbox"/>
3.5c	Agritourism		<input type="checkbox"/>
3.5d	Grocery stores		<input type="checkbox"/>
3.5e	Wholesale markets/buyers		<input type="checkbox"/>
3.5f	Restaurants		<input type="checkbox"/>

Indicator	Description	Estimated number	N/A
3.5g	Agricultural cooperatives		<input type="checkbox"/>
3.5h	Retailers		<input type="checkbox"/>
3.5i	Distributors		<input type="checkbox"/>
3.5j	Food hubs		<input type="checkbox"/>
3.5k	Shared-use kitchens		<input type="checkbox"/>
3.5l	School food programs		<input type="checkbox"/>
3.5m	Community supported agriculture (CSAs)		<input type="checkbox"/>
3.5n	Other: _____		<input type="checkbox"/>
<b>3.6</b>	<b>Number of delivery systems/market access points that reported increased:</b>		<input type="checkbox"/>
3.6a	Revenue		<input type="checkbox"/>
3.6b	Sales		<input type="checkbox"/>
3.6c	Cost savings		<input type="checkbox"/>

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

Indicator	Description	Estimated number	N/A
<b>4.1</b>	<b>Number of producers/processors who gained knowledge about new market opportunities</b>		<input type="checkbox"/>
<b>4.2</b>	<b>Number of producer/processors that reported increased engagement with new delivery systems or market access points</b>		<input type="checkbox"/>
<b>4.3</b>	<b>Number of producers/processors that implemented new or improved operational methods</b>		<input type="checkbox"/>
<b>4.4</b>	<b>Number of value-added agricultural products developed</b>		<input type="checkbox"/>
<b>4.5</b>	<b>Number of producers/processors that reported selling new local/regional food products</b>		<input type="checkbox"/>
4.5a	Number that reported selling new value-added products		<input type="checkbox"/>
<b>4.6</b>	<b>Number of producers/processors that reported a reduction in on-farm food waste through new business opportunities and marketing</b>		<input type="checkbox"/>
<b>4.7</b>	<b>Number of producers/ processors that reported increased:</b>		<input type="checkbox"/>
4.7a	Revenue		<input type="checkbox"/>
4.7b	Sales and/or		<input type="checkbox"/>
4.7c	Cost savings due to local/regional food, operational, and/or value-added product activities		<input type="checkbox"/>
<b>4.8</b>	<b>Number of local/regional agricultural jobs</b>		<input type="checkbox"/>
4.8a	Created		<input type="checkbox"/>
4.8b	Maintained		<input type="checkbox"/>



Indicator	Description	Estimated number	N/A
<b>4.9</b>	<b>Total number of new producers who went into local/regional food production _____. Of those, number who are:</b>		<input type="checkbox"/>
4.9a	Beginning farmers/ranchers		<input type="checkbox"/>
4.9b	Veteran farmers/ranchers		<input type="checkbox"/>

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

*Applicable to projects conducting a needs assessment (i.e. planning projects).*

Indicator	Description	Estimated number	N/A
<b>5.1</b>	<b>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)</b>		<input type="checkbox"/>
<b>5.2</b>	<b>Number of stakeholders that:</b>		<input type="checkbox"/>
5.2a	Established a food safety plan		<input type="checkbox"/>
5.2b	Revised or updated their food safety plan		<input type="checkbox"/>
<b>5.3</b>	<b>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)</b>		<input type="checkbox"/>
<b>5.4</b>	<b>Number of prevention, detection, control, or intervention practices developed or enhanced to mitigate food safety risks</b>		<input type="checkbox"/>
<b>5.5</b>	<b>Number of stakeholders that used these grant funds to:</b>		
5.5a	Purchase		<input type="checkbox"/>
5.5b	Upgrade food safety equipment		<input type="checkbox"/>

### Outcome 6: Increase Consumption and Consumer Purchasing of Local/Regional Agricultural Products

Indicator	Description	Estimated number	N/A
<b>6.1</b>	<b>Total number of consumers who gained knowledge about local/regional agricultural products _____. Of those, the number of:</b>		<input type="checkbox"/>
6.1a	Adults		<input type="checkbox"/>
6.1b	Children		<input type="checkbox"/>
<b>6.2</b>	<b>Total number of consumers who purchased more local/regional agricultural products _____. Of those, the number of:</b>		<input type="checkbox"/>
6.2a	Adults		<input type="checkbox"/>

Indicator	Description	Estimated number	N/A
6.2b	Children		<input type="checkbox"/>
6.3	Number of additional local/regional agricultural product customers counted		<input type="checkbox"/>
6.4	Number of additional business transactions executed for local/regional agricultural products		<input type="checkbox"/>
6.5	Increased sales measured in:		<input type="checkbox"/>
6.5a	Dollars		<input type="checkbox"/>
6.5b	Percent change		<input type="checkbox"/>
6.5c	Combination of volume and average price as a result of enhanced marketing activities		<input type="checkbox"/>

## Outcome Indicator Measurement

For each completed outcome indicator, describe how you derived the numbers, how you intend to measure and achieve each relevant outcome and indicator, and any potential challenges to achieving the estimated targets and action steps for addressing them.

Outcome and indicator # <i>i.e., 3.i., 6.a., 6.b.</i>	How did you derive the estimated numbers? <i>i.e., documented background or baseline information, recent research and data, etc.</i>	How and when do you intend to evaluate? <i>i.e., surveys, 3rd party assessment</i>	Anticipated key factors predicted to contribute to and restrict outcome <i>Including action steps for addressing identified restricting factors</i>

## Potential Adaptation of Project by Others

Discuss if and how this project can be adapted to other regions, communities, and/or agricultural systems.

## Dissemination of Project Results

Describe how you will disseminate project's results (positive and negative) to similar organizations, stakeholders, and others that may be interested in the project's results or implementing a similar project.

## EXPERTISE AND PARTNERS

List key staff, including applicant personnel and external project partners and collaborators (see section 2.2 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 <i>Name and Title</i>	Role	Relevant experience and past successes

Key staff <i>Name and Title</i>	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.*

## PROJECT SUSTAINABILITY

*Describe how the project, and its partnerships and collaborations, will be sustained beyond the project's period of performance (without grant funds).*

## 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-424 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 3 <sup>rd</sup> parties
Personnel		
Fringe benefits		
Travel		
Equipment		
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 costs do not include the cost for the services of consultants and contractors.

#	Personnel Name/Title	Level of effort (# of hours OR % FTE)	Annual Salary	Total Funds Requested	Cost Share Value	Cost Share Type
1			Year 1: \$ Year 2: \$ Year 3: \$	\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2			Year 1: \$ Year 2: \$ Year 3: \$	\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3			Year 1: \$ Year 2: \$ Year 3: \$	\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

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: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

#	Fringe Benefits Name/Title	Fringe Benefit Rate	Funds Requested	Cost Share Value	Cost Share Type
2			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

**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	# of Travelers claiming expense	Funds Requested	Cost Share Value	Cost Share Type
1							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3							\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

**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 [2 CFR 200.474](#) or [48 CFR subpart 31.2](#), 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

## 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 \$10,000 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 #	Equipment Description	Rental or purchase	Acquire when?	Funds requested	Cost Share value	Cost Share type
1				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3				\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Equipment funds requested subtotal: \$

Equipment cost share value subtotal: \$

## EQUIPMENT JUSTIFICATION

For each Equipment item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the project.

Equipment 1: Justification

Equipment 2: Justification

Equipment 3: 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	Acquisition Date	Funds Requested	Cost Share Value	Cost Share Type
1					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

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 <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2 <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>



Type	Contractual Name / Organization	Hourly Rate	Funds Requested	Cost Share value	Cost Share type
<b>3</b> <input type="checkbox"/> Contract <input type="checkbox"/> Subaward			\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

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 [2 CFR §200.317 through §200.327](#), 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: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
2					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>
3					\$	\$	Cash: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

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 [2 CFR §200.1](#)) 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: <input type="checkbox"/> In-Kind: <input type="checkbox"/>

Indirect funds requested subtotal: \$

Indirect cost share value subtotal: \$

## Program Income

*Program income is gross income—earned by a recipient or subrecipient under a grant—directly generated by the grant-supported activity or earned only because of the grant agreement during the grant period of performance. Program income includes, but is not limited to, income from fees for services performed; the sale of commodities or items fabricated under an award (this includes items sold at cost if the cost of producing the item was funded in whole or partially with grant funds); registration fees for conferences, etc.*

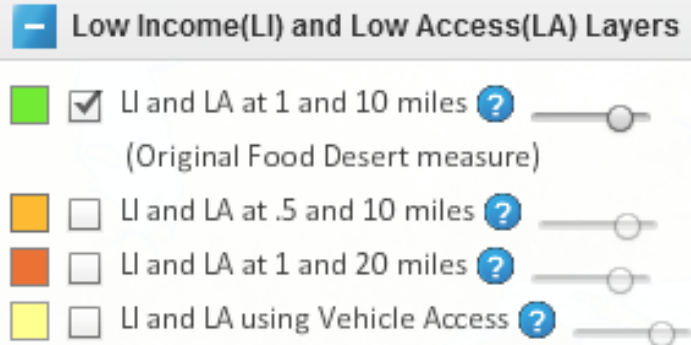
Source/Nature of Program Income	Description of How You Will Reinvest the Program Income	Funds Expected
		\$
		\$

Program income total: \$

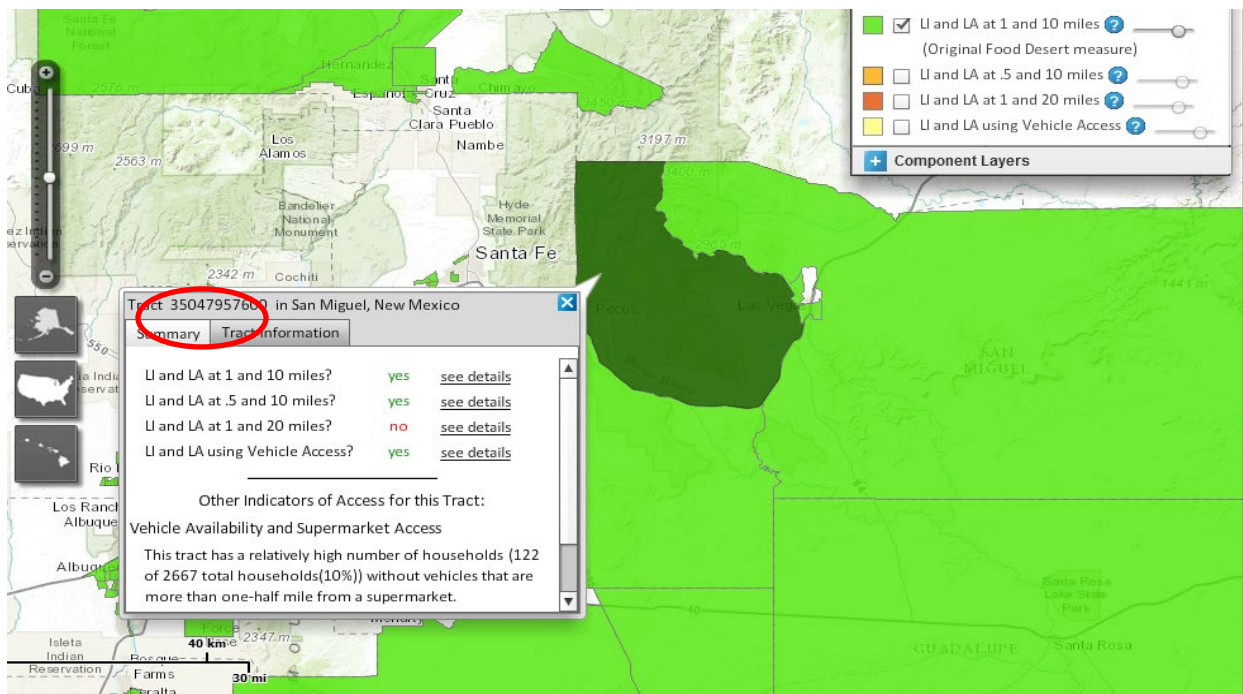
## QUALIFYING FOR PRIORITY CONSIDERATION

Food Access Research Atlas (Atlas) <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](#)), 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 0581-0240. 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.