

LOCAL FOOD PURCHASE ASSISTANCE COOPERATIVE AGREEMENT PROGRAM

PROJECT NARRATIVE FORM AND INSTRUCTIONS – CURRENT INITIATIVES

This form is mandatory. Thoroughly review the “Local Food Purchase Assistance Cooperative Agreement Program” (LFPA) Request for Application (RFA) before completing this form. Upon completion, this form must be converted to PDF and attached to the Grants.gov application package using the “Project Narrative Attachment Form” on the application package.

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

Name:
Email:
Phone:
Fax:
Mailing Address:

2. Authorized Organization Representative (AOR) - *This person will be the main contact for any correspondence and is responsible for signing any grant documentation. Must match box 21 of the SF-424.*

Name:
Email:
Phone:
Fax:
Mailing Address: Check if same as above

3. Project Title - *Must match box 15 of the SF-424.*

4. Requested LFPA Funds - *Insert the total amount (\$) of Federal funds requested. This must match the total amount requested on the SF-424, Line 18a. In the following narrative sections, describe how these funds will be utilized to meet the goals and objectives of the LFPA Program as described in the RFA*

\$

EXECUTIVE SUMMARY

Include a 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

Clearly articulate the reason for requesting the funds. Briefly describe the need for cooperative agreement funds. Describe the intended benefits for producers and for recipients. How will the funds increase local food consumption and help build and expand economic opportunity for local, regional farmers/producers and for socially disadvantaged farmers/producers? How will the distribution of food target underserved communities and those communities not normally served through traditional food distribution networks?

Provide a Listing of Objectives This Project Hopes to Achieve

Provide the objectives that your organization intends to achieve through the use of these funds. Objective 4 can be related to any aspect of the program and can address your unique set of circumstances.

Objective 1 (purchase related):

Objective 2 (distribution related):

Objective 3 (related to sharing of lessons learned or improving outcomes or fostering adoption of promising best practices):

Objective 4 (optional):

Project Beneficiaries

Describe the producers you intend to purchase from and the recipients you expect to benefit from this program? How many producers and how many recipients do you expect to benefit from your program?

PROPOSAL NARRATIVE

Work Plan

Describe 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. In addition, provide a timeline and milestones. The proposal must include the below six headings followed by a narrative that includes a response for each of the points noted below:

Plan and Objectives: *Discuss your planned activities for achieving goals and providing project deliverables. Describe how your organization and if applicable, sub recipients will ensure the identified producers are engaged in procurements and your plan to ensure distribution of foods to the targeted groups. Provide a plan for evaluating accomplishments and outcomes, matching to project deliverables and verifiable indicators to demonstrate how progress will be measured and achieved. Include capturing lessons learned and strategies to improve program outcomes.*

Resources: *Discuss the resources you will assign to this project and how you plan to manage the procurement process (i.e. Develop new acquisition team, utilize existing procurement resources, subaward procurement activities). Identify key personnel involved in tasks identified in your plan. List partner organizations and collaborators and their roles in the program. Identify key personnel involved, and timelines for achieving milestones.*

Financial Controls: Discuss how you will provide adequate financial controls to monitor financial awards and sub recipients and how you will ensure that funding is being used for the stated objective. Include systems and methods to ensure adequate controls will be in place.

Reporting (progress and financial) and Evaluation: Indicate your strategies for providing USDA the required reports necessary to measure progress toward purchasing and distribution goals and required financial reporting. The award recipient is responsible for obtaining and rolling up and consolidating reports from entities receiving subawards.

Risk and Fraud Mitigation Plans: Describe how you will put in place necessary controls to reduce risk and to perform controls to reduce the possibility of fraud with procurement partners and those involved in distribution of the purchased food. Include measures to ensure controls are in place to reduce the risk of fraud by sub recipients.

Timeline: Provide a timeline of activities and milestones. Include timing of procurements and expected delivery periods.

ACHIEVABILITY

These outcomes and indicators are consistent with the progress reporting requirements for this program. All applicants must identify how they will meet Outcome indicators 1 and 2. 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 and indicator.

Outcome Indicators

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 | Estimated Number |
|-----------|------------------------------------------------------------------------------------------------------------------------|------------------|
| 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 | Estimated dollars | 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 and 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

The following project outcomes will be required at the conclusion of each program year. For your submission, provide your goals for program outcomes 1-3.

The goal of this program is to increase access to local food and improve supply chain resiliency by building partnerships with local and regional producers, socially disadvantaged farmers/producers, and underserved communities. A desired outcome of the LFPA is that these partnerships continue after the program concludes.

At the end of each performance year, recipients will be required to provide a final report. This report will include a summary of the data from the quarterly progress reports and a narrative addressing questions 1 through 3 below. The narrative responses will be used to measure the outcome of the program.

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.*
2. *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.*
3. *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.*

In your response to question 1 and 2, compare the number of partnerships built through the LFPA to partnerships in existence prior to the program, and of those, the percentage that will continue at the conclusion of the program. In your response to question 3, compare the total deliveries of food products through the LFPA to the deliveries made to underserved communities that are not served by current food distribution networks (such as TEFAP), and the percentage of those food distributions that will continue at the conclusion of the program.

Outcome 4: Unique outcome for your project

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 | Estimated Number |
|-----------|-------------|------------------|
| 4.a. | | |

Outcome Indicator Measurement Plan

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> |
|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| | | | |
| | | | |

Distribution of Project Results

Describe how you will distribute the 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

Key Staff (Applicant Personnel and External Partner/Collaborators)

If the initiative does not plan to use a portion of the additional funds to add key staff or project partners, please check the box below and respond to "Project Management Plan".

If the initiative plans to use a portion of the funds to add key project staff or partners, please provide the name, title and project role for each of the key staff and **provide a one- to two-page resume or summary of relevant experience and/or qualifications for each of the participants listed**. Longer resumes or summaries will be disregarded. Initiatives must include Letters of Commitment from Partner and Collaborator Organizations to support the information requested in the RFA.

FISCAL PLAN AND RESOURCES

Please complete the Budget and Justification below.

BUDGET AND JUSTIFICATION

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.

Refer to **RFA Section XXX** for more information on allowable and unallowable expenses.

The individual subaward budgets are not expected at the submission of this application; however, initiatives will be expected to provide a comprehensive plan detailing each project, associated outcomes, and applicable expenses in order to draw down on the funds associated with this line item.

Budget Summary

| Expense Category | Federal Funds |
|-----------------------------------------|---------------|
| Personnel | |
| Fringe Benefits | |
| Travel | |
| Equipment | |
| Supplies | |
| Procurements/ Contractual/Subawards | |
| Other (specify) | |
| Funds used for Procurements | |
| Funds used for food storage | |
| Funds used for food transportation | |
| 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 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 1: \$ Year 2: \$ | \$ |
| | | | Year 1: \$ Year 2: \$ | \$ |

| | |
|--|----|
| | \$ |
|--|----|

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/>.

| 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 200.474](#) or [48 CFR subpart 31.2](#), 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 <input type="checkbox"/> Subaward <input type="checkbox"/> | | | \$ |
| Contract <input type="checkbox"/> Subaward <input type="checkbox"/> | | | \$ |
| Contract <input type="checkbox"/> Subaward <input type="checkbox"/> | | | \$ |

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 §200.326](#), 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](#)) 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 XXXX of the RFA.

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

USDA'S 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-XXXX. 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.