

2024 Micro-Grants for Food SecurIty Program Grant administrative Narrative

**Start Date**: Start Date **End Date**: End Date

# Recipient Information

**State Department of Agriculture**: Enter the State Department of Agriculture

## Authorized Representative and State Plan Coordinator

**Authorized Representative Name**: Enter the Coordinator’s Name

**Authorized Representative Title**: Enter the Coordinator’s Title

**Phone Number**: Enter the Coordinator’s Phone Number

**Email**: Enter the Coordinator’s Email

**Coordinator Name**: Enter the Coordinator’s Name

**Coordinator Title**: Enter the Coordinator’s Title

**Phone Number**: Enter the Coordinator’s Phone Number

**Email**: Enter the Coordinator’s Email

# Subaward Program

## Identifying and engaging eligible entities

Describe how eligible entities will be identified within your state or territory, and the projected benefits these food insecure communities. What source(s) helped to identify this need?

## Proposal Solicitation

Describe the intended solicitation method for subaward proposals (i.e., RFP, announcement) and why this method will be used. Please indicate competitive selection criteria to be used in scoring the subaward applications and if fixed amount awards will be used as part of the competition. What announcement methods will be used to generate exposure and disseminate information about the opportunity to eligible entities in the State/Territory?

**NOTE: Requests for Proposals (RFP’s) or detailed announcements must be submitted, reviewed, and approved by AMS before funding announcements are made to the public.**

## Application Review Panel

Describe how reviewers are selected to ensure the review panel consists of technical experts from various fields, who are qualified and able to perform high quality and fair reviews.

Describe procedures and documentation to ensure reviewers are free from conflicts of interest (i.e., reviewers signed a conflict of interest statement).

**NOTE: State Plans with recommended subawards must be submitted, reviewed, and approved by AMS before award announcements can be made to recommended subrecipients. Who will be primary point of contract for all negotiated administration for subawards?**

## Sharing the Results of Competitive Process with Applicants

Describe how results of the peer review panel will be provided to the grant applicants while ensuring the confidentiality of the review panel members.

# Project Timeline

| REQUIRED ACTION | Completion Date  Provide expected month and year to complete this activity |
| --- | --- |
| **Program Outreach RFP/announcement ready for AMS review** |  |
| **Subaward competition and outreach period** |  |
| **Application Review Panel** |  |
| **State Plan Submittal** |  |
| **Sharing Competition Results with Applicants** |  |
| **Award Subrecipients** |  |
| **Monitoring Subrecipients-length of awards** |  |
| **Close Subawards** |  |

# Grant Administration Budget Narrative

All expenses described in this Budget Narrative must be associated with expenses for the MGFSP. Applicants should review the Request for Applications section 4.0 Funding Considerations prior to developing their budget narrative.

Administrative costs, presented as direct costs, must not exceed 3 percent of your total grant request. If an applicant has a negotiated indirect cost rate agreement (NICRA) approved by its cognizant agency, the NICRA must be submitted with this application.

**Budget Summary**

| Expense Category | Funds Requested |
| --- | --- |
| Personnel |  |
| Fringe Benefits |  |
| Travel |  |
| Equipment |  |
| Supplies |  |
| Contractual |  |
| Other |  |
| Direct Costs Subtotal |  |
| Indirect Costs |  |

**Total Budget:**

## Personnel

List the organization’s employees whose time and effort can be specifically identified and accurately traced to project activities. See the RFA Section 4.2 Indirect Costs and Section 4.3 Allowable and Unallowable Costs and Activities for further guidance.

| # | Name/Title | Level of Effort % or # of hours | Funds Requested |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |

**Personnel Subtotal:**

### Personnel Justification:

Describe each personnel’s activities under this grant.

**Personnel 1:**

**Personnel 2:**

## Fringe Benefits

Provide the fringe benefit rates for each employee described in the Personnel section.

| # | Name/Title | Fringe Benefit Rate | Funds Requested |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |

**Fringe Subtotal:**

## Travel

Explain the purpose and details 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. Travel information is also available at <http://www.gsa.gov>.

| # | Trip Destination | Expense Type (airfare, hotel, mileage, car rental, meals) | Unit of Measure (days, nights, miles) | # of Units | Cost per Unit | # of Travelers | Funds Requested |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |

**Travel Subtotal:**

### Travel Justification

Describe each trip’s purpose, estimated dates of trip, and how it will achieve the objectives and outcomes of the project.

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

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

### Conforming with Your Travel Policy

By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474).

## Equipment

Describe any special purpose equipment to be purchased or rented under the grant.

| # | Item Description | Rental or Purchase | Acquire When? | Funds Requested |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |

**Equipment Subtotal:**

### Equipment Justification

Describe how this equipment will be used to achieve the objectives and outcomes of the project.

**Equipment 1:**

## Supplies

List the materials, supplies, and fabricated parts costing **less than $5,000 per unit** and describe how they will support the purpose and goals of the proposal.

| Item Description | Per-Unit Cost | # of Units/Pieces Purchased | Acquire When? | Funds Requested |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Supplies 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).

## Contractual/Consultant

Provide details of each contractors/consultants including the name, hourly/flat rate, and overall cost of the services performed.

NOTE: The total amount for subawards will be show on one line in this section.

| # | Name/Organization | Hourly Rate/Flat Rate | Funds Requested |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |

**Contractual/Consultant Subtotal:**

### Contractual Justification

List each contractual line and describe how this will meet the objectives and outcomes of the project.

**Contractor/Consultant 1:**

**Contractor/Consultant 2:**

### Conforming with your Procurement Standards

By checking the box to the right, I confirm 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 Part 200.317 through.326](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) are not already selected, my organization will follow the same requirements.

## Other

Include any expense not covered in the previous budget categories. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

| Item Description | Per-Unit Cost | Number of Units | Acquire When? | Funds Requested |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Subtotal:**

### Other Justification

Describe the purpose of each item listed e above and how it is necessary for the completion of the project’s objective(s) and outcome(s).

## Indirect Costs

Indirect costs are any costs that are incurred for common or joint objectives that therefore, cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses. If an applicant has a NICRA, it is required to use this amount, and a copy of the NICRA must be submitted with the application. See RFA Section 4.2 Indirect Costs for further guidance.

| Indirect Cost Rate | Funds Requested |
| --- | --- |
|  |  |

**Indirect Subtotal:**