

Micro-Grants for Food Security Program (MGFSP)

2024 Project Narrative Form

The Micro-Grants for Food Security Program (MGFSP) requires that all applicants submit an application that provides project details and outcomes. The acceptable font size for the narrative is 11 or 12 pitch with all margins at 1 inch.

# Project Title

Provide a descriptive title that summarizes your project’s activities in 15 words or less in the space below.

# Duration of Project

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

# Eligible Entity Type

[ ]  Individual

[ ]  Indian tribe or tribal organization

[ ]  Local or tribal government that may not levy local taxes under State or Federal law

[ ]  Nonprofit organization that is engaged in increasing food security, including -

[ ]  Religious Organization

[ ]  Food Bank

[ ]  Food Pantry

[ ]  Federally funded education facility, including -

[ ]  Head Start program or an Early Head Start program

[ ]  Public elementary school or public secondary school

[ ]  Public institution of higher education

[ ]  Tribal College or University

[ ]  Job Training Program

# Project Summary

In 250 words or less, provide a very brief description of the project. This summary will be made available to the public. A Project Summary includes:

1. The name of the individual applicant or applicant organization. If awarded a grant, the identified applicant will establish an agreement or contractual relationship with the State department of agriculture to lead and execute the project,
2. A description of the project’s goals and outcome(s) that address food security problem(s) or need(s) in your home or community, and;
3. A description of the project activities and how these activities will be completed to fulfill the stated goal(s).

PLEASE PROVIDE THE PROJECT SUMMARY HERE:

# Project Purpose

## Goals this Project Hopes to Achieve

Provide at least one project goal related to addressing the problem(s) or need(s) mentioned in the Project Summary.

**Goal 1:**

**Goal 2:**

# Expected Measurable Outcomes

## Select the Appropriate Indicator(s)

Indicators 1.1-1.3 **are required**. Indicators 1.4-1.7 are optional and may be completed if they apply to your project. These indicators address the MGFSP legislation requiring recipients to measure the quantity of food grown and amount of people fed as a result of this grant project.

### Outcome 1: Increase the Quantity and Quality of Locally Grown Food for Food Insecure Individuals, Families, Neighborhoods, and Communities

| **Indicator** | **Description** | **Estimated Number** |
| --- | --- | --- |
| **1.1****(Required**) | Total expected number of individuals being fed as a result of the project (The total may include, but is not limited to, family members, neighbors, friends, community members, customers, etc. Please ensure this amount is **reasonable** based on the project’s lifetime and activities. It **should not** include the entire population of the state or territory where the project is taking place.) \_\_\_. |  |
| **1.2****(Required)** | The expected amount of food grown or produced, measured in:1. Pounds (lbs.) \_\_\_.
2. Gallons (liquids) \_\_\_.
3. Number of animals \_\_\_.
4. Number of crops \_\_\_.
5. Number of animal or crop varieties \_\_\_.
6. Dollars ($) from animal and/or crop sales. \_\_\_.
7. Other measurement (please specify) \_\_\_.
 | 1.2.3.4.5.6.7. |
| **1.3****(Required)** | The number of small-scale operations that will be created or expanded as a result of the project:1. Gardening operation
2. Herding operation
3. Livestock operation
 | 1.2.3. |
| **1.4****(Optional)** | Total number of individuals participating in the project \_\_\_. (The total should exclude the number of individuals being fed, which is captured in 1.1. The total may include, but is not limited to, family members, community members, volunteers, gardeners, farm managers, farm workers, carpenters, contractors, etc.) |  |
| **1.5****(Optional)** | The amount of food stored or processed, measured in: 1. Pounds (lbs.) \_\_\_.
2. Gallons (liquids) \_\_\_.
3. Number of animals \_\_\_.
4. Number of crops \_\_\_.
5. Number of animal or crop varieties \_\_\_.
6. Dollars ($) from animal and/or crop sales. \_\_\_.
7. Other measurement (please specify) \_\_\_.
 | 1.2.3.4.5.6.7. |
| **1.6****(Optional)** | The amount of food storage or processing space created or increased, measured in:1. Square feet (sq. ft.) \_\_\_.
2. Other measurement (please specify) \_\_\_.
 | 1.2.  |
| **1.7****(Optional)** | The amount of fencing installed to protect livestock and/or crops, measured in:1. Square feet (sq. ft.) \_\_\_.
2. Other measurement (please specify) \_\_\_.
 | 1.2. |

### Outcome 2: Project Specific (Optional)

AMS is interested in developing Outcomes and Indicators for MGFSP as the program continues to develop. As such, applicants are encouraged to add at least one Outcome and Indicator based on relevant regional challenges or opportunities not covered above. Creativity is highly recommended, particularly regarding any metrics measuring the applicant’s and/or subgrantee’s responsiveness to regional realities.

| Indicator | Description | Estimated Number |
| --- | --- | --- |
| **2.a.** |  |  |

## Data Collection to Report on Outcomes and Indicators

Describe how you plan to collect the required data and how you intend to measure each of the selected indicator(s) in the box below.

PLEASE PROVIDE DATA COLLECTION INFORMATION HERE:

# PROJECT TIMELINE

## SHOW THE TIMELINE FOR THE PROJECT

You must create a timeline for the project identifying and starting with MONTH 1 taking the timeline through the duration of the project**.**

| MONTH(Month 1,2,3,4…) | ACTIONList activities to be completed during this time | PERSONWho will complete the action | BUDGETThe portion of the budget used to complete the action | EXPECTED RESULTSWhat will be achieved as a result of the action |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

# Budget Narrative

The budget narrative 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 to easily understand how costs were determined and how they relate to the Project Goal(s) and Outcomes. Applicants should review the competition announcement for allowable and unallowable expenses.

**Budget Summary**

| Expense Category | Federal Funds Requested | Cost Share or Match Request |
| --- | --- | --- |
| **Personnel** |  |  |
| **Fringe Benefits** |  |  |
| **Travel** |  |  |
| **Equipment**  |  |  |
| **Supplies** |  |  |
| **Contractual** |  |  |
| **Other** |  |  |
| **Direct Costs Subtotal** |  |  |
| **Indirect Costs** |  |  |
| **Total Budget** *(direct + indirect)* |  |  |

## Matching Funds Verification

All eligible entities must provide a 10 percent cash match on the amount received in the form of non-Federal cash resources unless otherwise waived for individuals by the eligible state.

By checking the box to the right, I confirm that my organization received written verification (i.e. signed letter from the matching organization) of match commitment from any party, including the eligible entity, who will contribute a cash match of non-Federal resources to this project in the amount of 10 percent of the total project budget.

[ ]

If the eligible state has waived the matching requirement for an *individual* applicant, please check this box.

[ ]

## 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.

Individuals: If the match requirement has been waived by your eligible state, individuals do NOT need to provide a match value.

Organizations: All organizations are required to provide a match. Organizations must also conform to their established written policies and consistently apply expenses to both Federal and non-Federal activities.

| # | Name/Title and Justification for Requesting Funds | Level of Effort *(# of hours per year)* | Annual Salary Requested | Total Funds Requested | Match Value |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  | $ | $ |
| 2 |  |  |  | $ | $ |
| 3 |  |  |  | $ | $ |

**Personnel Subtotal:**

## Fringe Benefits

Provide reasonable fringe benefit rates for each of the project’s salaried employees described in the Personnel section, if applicable.

Individuals: If the match requirement has been waived by your eligible state, individuals do NOT need to provide a match value.

Organizations: All organizations are required to provide a match. Organizations must also conform to their established written policies and consistently apply expenses to both Federal and non-Federal activities.

| # | Name/Title | Fringe Benefit Rate | Funds Requested | Match Value |
| --- | --- | --- | --- | --- |
| 1 |  |  | $ | $ |
| 2 |  |  | $ | $ |
| 3 |  |  | $ | $ |

**Fringe Subtotal:**

## Travel

Explain the purpose for each Trip Request. In the case of air travel, applicants must use the lowest reasonable commercial airfares. Allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <http://www.gsa.gov>.

Individuals: If the match requirement has been waived by your eligible state, individuals do NOT need to provide a match value.

Organizations: All organizations are required to provide a match. Organizations must also conform to their established travel policies and consistently apply expenses to both Federal and non-Federal activities. For those organizational applicants with no established travel policies, Federal Travel Regulations must be adhered to.

| # | Trip Destination, Dates, and Justification for Requesting Funds | Type of Expense *(airfare, car rental, hotel, meals, mileage, etc.)* | Unit of Measure *(days, nights, miles)* | # of Units | Cost per Unit | # of Travelers Claiming the Expense | Funds Requested | Match Value |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  | $ | $ |
| 2 |  |  |  |  |  |  | $ | $ |
| 3 |  |  |  |  |  |  | $ | $ |

**Travel Subtotal:**

### Conforming with Your Travel Policy (For organizations only)

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) or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) as applicable.

[ ]

## Equipment

Describe equipment to be purchased or rented under the grant. Applicants should review the competition announcement for allowable and unallowable equipment costs.

**NOTE: An item is only considered equipment if it costs $5,000 per unit or more. If the item costs less than $5,000, it is considered a Supply and should be included in the Supplies section below.**

Individuals: If the match requirement has been waived by your eligible state, individuals do NOT need to provide a match value.

Organizations: All organizations are required to provide a match. Organizations must also conform to their established written policies and consistently apply expenses to both Federal and non-Federal activities.

| # | Item Description and Justification for Requesting Funds | Rental or Purchase | Acquire When? | Funds Requested | Match Value |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  | $ | $ |
| 2 |  |  |  | $ | $ |
| 3 |  |  |  | $ | $ |

**Equipment Subtotal:**

## Supplies

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

Individuals: If the match requirement has been waived by your eligible state, individuals do NOT need to provide a match value.

Organizations: All organizations are required to provide a match. Organizations must also conform to their established written policies and consistently apply expenses to both Federal and non-Federal activities.

| Item Description and Justification for Requesting Funds | Per-Unit Cost | # of Units/Pieces Purchased | Acquire When? | Funds Requested | Match Value |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |

**Supplies Subtotal:**

## Contractual/Consultant

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant. If there is more than one contractor or consultant, each must be described separately.

Individuals: If the match requirement has been waived by your eligible state, individuals do NOT need to provide a match value.

Organizations: All organizations are required to provide a match. Organizations must also conform to their established written policies and consistently apply expenses to both Federal and non-Federal activities.

### Itemized Contractor(s)/Consultant(s)

Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed.

| # | Name of Contractor/Consultant and Justification for Requesting Funds | Hourly Rate/Flat Rate | Funds Requested | Match Value |
| --- | --- | --- | --- | --- |
| 1 |  |  | $ | $ |
| 2 |  |  | $ | $ |
| 3 |  |  | $ | $ |

**Contractual/Consultant Subtotal:**

### Conforming with your Procurement Standards (for Organizations only)

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 expenses not covered in any of the previous budget categories.

Individuals: If the match requirement has been waived by your eligible state, individuals do NOT need to provide a match value.

Organizations: All organizations are required to provide a match. Organizations must also conform to their established written policies and consistently apply expenses to both Federal and non-Federal activities.

| Item Description and Justification for Requesting Funds | Per-Unit Cost | Number of Units | Acquire When? | Funds Requested | Match Value |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |
|  |  |  |  | $ | $ |

**Other Subtotal:**

## Indirect Costs

Indirect costs (also known as “facilities and administrative costs”—defined at [2 CFR §200.56](http://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1&rgn=div5#se2.1.200_156)) 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.

Individuals: Individuals **may NOT claim** indirect costs on their awards and cannot fill out this section.

Organizations: All organizations are required to provide a match. Organizations must also conform to their established written policies and consistently apply expenses to both Federal and non-Federal activities.

| Indirect Cost Rate Requested (%) | Funds Requested | Match Value |
| --- | --- | --- |
|  | $ | $ |

**Indirect 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 into the project  | Funds Expected |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |

**Program Income Total:**