

USDA Agricultural Marketing Service

Pandemic Response and Safety (PRS) Grant Program

Example Application Form

The following images are screenshots of the web-based application forms found on the PRS Portal and are intended for informational purposes only. Please visit the PRS Portal for more information and to apply for the USDA PRS Grant Program--usda-prs.grantsolutions.gov.

For questions about this program, please email usda.ams.prs@grantsolutions.gov or call (301) 238-5550. Help desk hours are Monday through Friday, from 9 a.m. to 9 p.m. Eastern Time.

The screenshot shows the 'Pandemic Response and Safety Grant Program Application' form for 'Applicant Organization Form'. The header includes the USDA logo and navigation links: PRS Home, Apply, Eligibility Info, FAQs, Terms & Conditions, Help, and USDA-AMS. The form contains the following fields and sections:

- DUNS:** A required field for 'DUNS 9 digits'.
- Legal Business/Organization Name:** A required text field.
- Legal Business/Organization Address:** A required section with fields for 'Street', 'Street2', 'City', 'Select State' (dropdown), and 'Zip'.
- Eligible Industry:** A required dropdown menu labeled 'Select Eligible Industry'.
- Applicant Type:** A required section with three radio button options: 'Nonprofits with 501c(3) IRS Status', 'Nonprofits without 501c(3) IRS Status', and 'Small Business'.
- Primary Contact:** A required section with fields for 'First Name', 'Last Name', 'Email', 'Confirm Email', and 'Business Phone Number'.
- Secondary Contact:** A required section with a checkbox 'Check if Primary Contact and the Secondary Contact are the same' and fields for 'First Name', 'Last Name', 'Email', 'Confirm Email', and 'Business Phone Number'.
- Buttons:** 'Cancel' and 'Next' buttons are located at the bottom of the form.

On the right side of the form, the OMB numbers are listed: OMB Number: 4040-0004 and OMB Number: 0581-0326.

Pandemic Response and Safety Grant Program Application

PRS Activity Checklist (Appendix B)

Instructions: Column A provides the outcomes and activities funded by PRS. In Column B, you must estimate your funding request to offset costs associated with the outcomes and activities; the total request in Column B must be between \$1,500 and \$20,000. In Column C, you can optionally indicate the actual costs you incurred for each of the outcomes and activities.

A: Eligible Outcomes and Activities	B: Funding Request	C: Actual Costs Incurred (Optional)
Implement workplace safety measures to protect workers against COVID-19 <ul style="list-style-type: none"> Provide personal protective equipment, thermometers, cleaning supplies, sanitizer, or hand washing stations Installation and purchase of air filters or new signage 	\$ [Enter \$ amount]	\$ [Enter \$ amount]
Implement market pivots to protect workers against COVID-19 <ul style="list-style-type: none"> Develop and implement online platforms Utilize online or print materials to communicate market pivots 	\$ [Enter \$ amount]	\$ [Enter \$ amount]
Retrofitting facilities for worker and consumer safety to protect against COVID-19 <ul style="list-style-type: none"> Installation and purchase of protective barriers made of plexiglass or plastic sheeting, walk up windows, heat lamps/heaters, fans, tents, propane, weights, tables, chairs and lighting 	\$ [Enter \$ amount]	\$ [Enter \$ amount]
Provide additional transportation options to maintain social distancing and worker and consumer safety to protect against COVID-19 <ul style="list-style-type: none"> Secure additional transportation services for workers Offer new delivery routes or distribution services 	\$ [Enter \$ amount]	\$ [Enter \$ amount]
Provide worker housing that protects workers against COVID-19 <ul style="list-style-type: none"> Secure additional housing resources/services to maintain social distancing or to allow for quarantining of new or exposed employees 	\$ [Enter \$ amount]	\$ [Enter \$ amount]
Provide health services to protect workers against COVID-19 <ul style="list-style-type: none"> Offer or enable vaccinations, testing, or healthcare treatment of infected employees, including any paid leave due to COVID-19 infection. 	\$ [Enter \$ amount]	\$ [Enter \$ amount]
Total Funding Request (This amount must be between \$1,500 and \$20,000)	\$ 0	N/A
Total Actual Cost Incurred (Optional)	N/A	\$ 0

* By Submitting this Application, I attest that:

- My organization meets the business size standard for the industry code selected.
- Between January 27, 2020 and December 31, 2021, my entity has implemented and/or plans to implement the activity or activities selected, and the funding amount requested in my application reflects the fair market value of the goods and services associated with the selected activity or activities and the corresponding outcome(s).
- No other Federal Funds were used to be cover the cost of the activity or activities.

* I certify that the statements herein are true, complete, and accurate to the best of my knowledge. I also agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S.Code, Title 18, Section 1001)

Submitted By:*

I'm not a robot



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OMB Number: 0581-0326

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Confirm