REGIONAL FOOD SYSTEM PARTNERSHIPS PROGRAM

2020 PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is **mandatory**. Thoroughly review the Regional Food System Partnerships Request for Applications (RFA) before completing this form. Upon completion, this form must be converted to PDF and attached to the application package within Grants.gov using the “Add Attachments” button under SF-424 item #15.

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

Name:

Email:

Phone:

Fax:

Mailing Address:

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

Name:

Email:

Phone:

Fax:

Mailing Address: [ ]  Check if same as above

1. **Partnership Entity Types -** *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.*

Eligible Entity(ies)

|  |  |
| --- | --- |
| [ ]  Agricultural Business or Cooperative | [ ]  Majority-Controlled Producer-Based Business Venture |
| [ ]  Community Supported Agriculture (CSA) Network or Association | [ ]  Producer Network or Association[ ]  Public Benefit Corporation |
| [ ]  Economic Development Corporation | [ ]  Regional Farmers Market Authority |
| [ ]  Food Council[ ]  Local Government[ ]  Nonprofit Corporation | [ ]  State Agency Regional Farmers Market Authority (Indicate Regulation Below):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Tribal Government |

Eligible Partner(s)

|  |  |
| --- | --- |
| [ ]  State Agency or Regional Authority[ ]  Philanthropic Corporation[ ]  Private Corporation[ ]  Institution of Higher Education | [ ]  Commercial, Federal or Farm Credit System Lending Institution[ ]  Other (Specify Below):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Project Activity Category -** *Identify all the activity categories that fit your project.*

|  |  |
| --- | --- |
| [ ]  Aggregation | [ ]  Production Diversification /Expansion |
| [ ]  Agritourism | [ ]  Organic |
| [ ]  Farm to Institution | [ ]  On-Farm Food Waste |
| [ ]  Farmer Recruitment and Retention | [ ]  Season Extension |
| [ ]  Food Safety | [ ]  Training and Education |
| [ ]  Grant Writing | [ ]  Transportation and Distribution |
| [ ]  Infrastructure | [ ]  Value-added Production |
| [ ]  Marketing and Promotion[ ]  Processing | [ ]  Other (specify below):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. **Project Title -** *Must match box 15 of the SF-424.*
2. **Grant Application Project Type -** *Described in Section 1.3 of the RFA*

|  |  |
| --- | --- |
| [ ]  Planning and Design | [ ]  Implementation and Expansion |

1. **Requested RFSP 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.*

$

1. **Matching Funds -** *Applicant must provide a minimum 25%* ***cash*** *match on the Federal portion of the grant. This must match the total amount requested on Line 18b Applicant Funding of the SF-424. See Section 3.4 of the RFA for more information.*

$

1. **Does the proposal address any of the Priority Considerations as described in Section 1.3.4 of the RFA?** If Yes, please select the applicable priorities and provide a reasonable justification within this narrative to verify your response. For example, if you are applying to work in communities with significant opportunities for high impact investment, please briefly explain the community needs, including socioeconomic factors, limited resources, etc.

|  |  |
| --- | --- |
| Yes [ ]  |  No [ ]  |
| [ ]  Leverage significant non-Federal financial and technical resources and coordinate with other local, State, Tribal, or national efforts |
| [ ]  Covers an area that includes communities with areas of concentrated poverty that provide significant opportunities for high impact investment |
| [ ]  Have a diverse set of relevant project partners |

# EXECUTIVE SUMMARY

In 250 words or less, briefly describe the operational model of the partnership, and the project’s intended goal(s) with a description of how the goal(s) will be completed during the project period. This summary will be made available to the public.

# ALIGNMENT AND INTENT

Describe the food system’s specific issues or needs that the project will address in relation to the statutory language of the program ([7 U.S.C. 1627c](https://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title7-section1627c&num=0&edition=prelim)). Include data and/or estimates that describe the extent of the issue or need and justify the project’s objectives and approach. Address the following points in this section:

* List the objectives for this project, relating them directly to the issue or need mentioned above. Add objectives as needed:

Objective 1:

Objective 2:

Objective 3:

* Describe the partnership’s goals, why they are significant and how they improve marketing opportunities in the local or regional food system.

## Description of the Partnership

### Scope

Describe the area covered by this partnership (geographic, economic, etc.), and why it is the most appropriate place to carry out partnership activities. Include a discussion about how the partnership adds value to the local or regional food system, as opposed to each entity acting independently.

### Producer or Food Business Benefits

Describe the intended benefits (direct and indirect) for producers or food businesses resulting from the partnership’s activities, including the number of impacted. How will they be impacted, and how will beneficiaries also be engaged in the partnership as service providers? (NOT required if the application is solely for a planning or feasibility project)

# TECHNICAL MERIT

## Partnership Preparation

Describe any prior activities the partnership has engaged in and/or any current or future activities the partnership plans to engage in, and how the proposed project fits into those plans.

## Work Plan

Describe the activities, resources, and timeline associated with each project objective mentioned in the Alignment and Intent section above. Include the following information: 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; and, if conducting training and technical assistance, how participants will be recruited and how you will help guide program development and delivery.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Objective***Include the objective this activity will be tied to* | **List and describe each planned activity***Include the scope of work and how it relates to the project objectives* | **Anticipated Completion Date** | **Required Resources***For completion of each activity* | **Milestones***For assessing progress and success of each activity* | **Who will do the work?***Include collaborative arrangements or subcontractors* |
|  | *Sample Activity 1* | *October 20XX* | *Hire contractor**Training Space* | *Milestone 1: Complete XX assessment**Milestone 2: Conduct XX food safety workshops* | *ABC Best Contracting Service**XYZ Company’s Executive Director* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Has the applicant received previous funding, Federal or non-Federal, to support partnership activities or projects?

Yes [ ]  No [ ]

If yes, how will RFSP funds contribute to the overall partnership, if received?

Has this project been submitted to another Federal grant program, including [AMS grant programs](https://www.ams.usda.gov/services/grants)?

Yes [ ]  No [ ]

*If yes to either question, provide the information below. Provide the AMS agreement number for any AMS grants received in the past 5 years. Add additional rows as needed.*

| Year | Funding SourceProgram Name, Type of Award (if applicable) and/or AMS Grant Agreement # (if applicable) | Description |
| --- | --- | --- |

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |

*If the applicant received previous Federal funding to support partnership activities or projects, describe how the proposed project, if funded, would not duplicate that work. Include lessons learned, what can be improved, and how these lessons and improvements will be incorporated into this project to effectively and successfully meet project goals.*

## Community Engagement

*Describe the community engagement process that the partnership uses to ensure inclusivity, including non-traditional entities such as housing authorities, transportation providers, etc. Include any partners that may have limited resources and describe the value that such partners bring to the partnership.*

*Identify any real or potential challenges to partner recruitment or engagement and describe possible strategies to address them.*

*What specific types of technical assistance will the partnership provide, and by whom? (NOT required if the application is solely for a planning or feasibility project)*

# 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 should note that Outcomes/Indicators are designed to represent Local Agriculture Marketing Program (LAMP) priorities which include other USDA grant programs. Some indicators may be dependent on the partnership’s ability to obtain additional funding for implementation.* *If an outcome indicator does not apply, check N/A (Not Applicable) and briefly explain below the table why it is not applicable.*

*Applicants must choose at least one Outcome and Indicator(s) from 1-6 and are strongly encouraged to select Outcome 7.*

### Outcome 1: To Increase Consumption of and Access to Locally and Regionally Produced Agricultural Products.

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Description** | **Estimated Number** | **N/A** |
| **1.a.** | Total number of project beneficiaries/stakeholders to be reached |  |[ ]
| **1.b.** | Of the number in 1.a., the number that will report buying, selling, aggregating, storing, producing, and/or distributing locally or regionally produced agriculture products |  |[ ]
| **1.c.** | Of the number in 1.a., the number that will gain knowledge on how to access, produce, prepare, and/or preserve locally and regionally produced agricultural products |  |[ ]

### Outcome 2: To Increase Customers and Sales of Local and Regional Agricultural Products.

*For projects that do not already have a baseline of sales in dollars or an initial customer count, one of the objectives of the project must be to determine such a baseline to meet the requirement and to document the value of sales increases or percent change in customer count by the end of the project.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Description** | **Estimated Number** | **N/A** |
| **2.a.** | **Sales increased as a result of marketing and/or promotion activities during the project performance period.** |  |  |
|  | Initial (Original) Sales Amount (in dollars) | $ |[ ]
|  | Estimated Final (Resulted) Sales Amount (in dollars) | $ |[ ]
|  | Percent Change ((n final – n initial)/(n initial) \* 100 = % change) | % |[ ]
| **2.b.** | **Customer counts increased during the project performance period.** |  |  |
|  | Initial (Original) Customer Count |  |[ ]
|  | Estimated Final (Resulted) Customer Count |  |[ ]
|  | Percent Change ((n final – n initial)/(n initial) \* 100 = % change) | % |[ ]

### Outcome 3: To Develop New Market Opportunities for Farm and Ranch Operations Serving Local Markets.

*Please provide estimated target numbers.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Description** | **Estimated Number** | **N/A** |
| **Number of new and/or existing delivery systems/access points reached that expanded and/or improved locally or regionally produced product or service offerings** |
| **3.a.** | Number of farmers markets |  |[ ]
| **3.b.** | Number of roadside stands |  |[ ]
| **3.c.** | Number of Community Supported Agriculture programs |  |[ ]
| **3.d.** | Number of agritourism activities |  |[ ]
| **3.e.** | Number of other direct producer-to-consumer market opportunities |  |[ ]
| **3.f.** | Number of local and regional food business enterprises that process, aggregate, distribute, or store locally and regionally produced agricultural products |  |[ ]
|  |  |  |  |
| **Of the local and regional farmers and ranchers, processors, aggregators, and/or distributors reached, the:** |
| **3.g.** | Number that reported an increase in revenue expressed in dollars |  |[ ]
| **3.h.** | Number that gained knowledge about new market opportunities through technical assistance and education programs |  |[ ]
|  |  |  |  |
| **Number of careers, jobs, farmers that went into production** |
| **3.i.** | Number of new careers created (difference between "jobs" and "careers": jobs are net gain of paid employment; new businesses created or adopted can indicate new careers) |  |[ ]
| **3.j.** | Number of jobs maintained/created |  |[ ]
| **3.k.** | Number of new beginning farmers who went into local/regional food production |  |[ ]
| **3.l.** | Number of socially disadvantaged[[1]](#footnote-1) farmers who went into local/regional food production |  |[ ]

### Outcome 4: To Improve the Food Safety of Locally and Regionally Produced Agricultural Products.

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Description** | **Estimated Number** | **N/A** |
| **4.a.** | Number of individuals that will learn about prevention, detection, control, and intervention food safety practices |  |[ ]
| **4.b.** | Of the number in 4.a., the number that will report increasing their food safety skills and knowledge |  |[ ]
| **4.c.** | Number of growers or producers who will obtain on-farm food safety certifications (such as Good Agricultural Practices or Good Handling Practices) |  |[ ]

### Outcome 5: To Establish or Expand a Local and Regional Food Business Enterprise.

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Description** | **Estimated Number** | **N/A** |
| **5.a.** | For projects developing a plan to establish or expand a local or regional food system enterprise and conducting a needs assessment: Number of unmet consumer needs, barriers to local foods, unserved populations, etc. identified through a comprehensive needs assessment. |  |[ ]
| **5.b.** | Number of plans (business, economic, feasibility) developed based on a comprehensive needs assessment. |  |[ ]
| **5.c.** | Amount of non-Federal financial, professional, and technical assistance measured in dollars secured as a result of the developed plan(s). |  |[ ]

### Outcome 6: To Increase Capacity and Efficiency of the Local or Regional Food System.

|  |  |  |  |
| --- | --- | --- | --- |
| **Indicator** | **Description** | **Estimated Number** | **N/A** |
| **6.a.** | Total number of relevant partners engaged, including those representing diverse, non-traditional eligible entities and eligible partners |  |[ ]
| **6.b.** | Of the total number of food system collaborators engaged, the number that:* Gained knowledge on how to access resources
* Provided technical assistance or training to partners
* Secured additional funding as a result of partnership involvement
 |  | [ ] [ ] [ ]  |
| **6.c.** | Amount of non-Federal financial, professional, and technical assistance measured in dollars secured as a result of partnership activities. |  |[ ]

### Outcome 7: (OPTIONAL)

*As part of our effort to evaluate our grant programs, AMS is interested in developing Outcomes and Indicators for RFSP as the program continues to develop. As such, applicants are strongly encouraged to add at least one Outcome and Indicator(s) based on relevant partnership efforts not covered above. Creativity is highly recommended, particularly regarding any metrics measuring systemwide planning efforts, and reflecting coordination, learning, and responsiveness to regional realities.*

#### Project Specific Outcome Indicator(s)

|  |  |  |
| --- | --- | --- |
| **Indicator** | **Description** | **Estimated Number** |
| **7.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.e., 3.i., 6.a., 6.b.* | **How did you derive the estimated numbers?***I.e., documented background or baseline information, recent research and data, etc.* | **How and when do you intend to evaluate?***I.e., surveys, 3rd party assessment* | **Anticipated key factors predicted to contribute to and restrict outcome***Including action steps for addressing identified restricting factors* |
|  |  |  |  |
|  |  |  |  |

## 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.*

## Project Sustainability

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

# EXPERTISE AND PARTNERS

## Key Staff (Applicant Personnel and External Partner/Collaborators)

*List key project partner staff that comprise the Project Team, their roles, 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. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 4.2.4 in the RFA). Add additional rows as needed.*

|  |  |
| --- | --- |
| **Key Staff***Name and Title* | **Role** |
|  |  |
|  |  |
|  |  |

*Provide the information below for each partner under the partnership agreement at the time of application. The partnership must have at least one eligible entity and at least one eligible partner, as described in Sections 3.2 and 3.3 of the RFA. Add additional rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Entity or Partner** | **Type** | **Role** |
|  |  |  |  |
|  |  |  |  |

*If your project includes mid-tier value chain coordination activities, provide details of the value chain entities that will be engaged and what their respective roles will be.*

## 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.*

# 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 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. Add additional rows to a table as needed.*

*Refer to* ***RFA Section 1.3.3 Projects and Activities not Eligible for Funding*** *for more information on allowable and unallowable expenses.*

*Applicants must ensure the information provided below reflects the minimum 25% cash match requirement.*

## Budget Summary

|  |  |  |
| --- | --- | --- |
| **Expense Category** | **Federal Funds** | **Cost Share or Match****Applicant and 3rd Parties** |
| **Personnel** |  |  |
| **Fringe Benefits** |  |  |
| **Travel** |  |  |
| **Equipment** |  |  |
| **Supplies** |  |  |
| **Contractual/Subawards** |  |  |
| **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 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** | **Match Value** | **Match Type** |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ | $ | Cash [ ] In Kind [ ]  |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ | $ | Cash [ ] In-Kind [ ]  |
| **Personnel Subtotals** | **$** | **$** |  |

## 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** | **Match Value** | **Match Type** |
|  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **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/*](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** | **Match Value** | **Match Type** |
|  |  |  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **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](https://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](https://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12), 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** | **Match Value** | **Match Type** |
| **1** |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **2** |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **3** |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **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** | **Match Value** | **Match Type** |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **Supplies Subtotal** | **$** | **$** |  |

## 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** | **Name/Organization and Funds Justification** | **Hourly/Flat Rate** | **Funds Requested** | **Match Value** | **Match Type** |
| **Contract** [ ] **Subaward** [ ]  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **Contract** [ ] **Subaward** [ ]  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **Contract** [ ] **Subaward** [ ]  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **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](https://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1#se2.1.200_1317), 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** | **Match Value** | **Match Type** |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **Other Subtotal** | **$** | **$** |  |

## Indirect

*Indirect costs (also known as “facilities and administrative costs”—defined at* [*2 CFR §200.56*](https://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. For the indirect cost formula and additional information, refer to Section 4.6.1 of the RFA.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Indirect Cost Rate Requested (%)** | **Funds Requested** | **Match Value** | **Match Type** |
|  | $ | $ | Cash [ ] In-Kind [ ]  |

## 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.*

|  |  |  |
| --- | --- | --- |
| **Income Source** | **Description of how income is reinvested** | **Funds Expected** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Program Income Total** | **$** |

# Equal Opportunity Statement

USDA is an equal opportunity provider, employer, and lender.

# Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are 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. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reading and utilizing this document to prepare an application, reviewing which items are allowable, and understanding the terms and conditions of the grant award.

1. **Socially Disadvantaged Farmer** is a farmer who is a member of a Socially Disadvantaged Group. A Socially Disadvantaged Group is a group whose members have been subject to discrimination on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or a part of an individual's income is derived from any public assistance program. [↑](#footnote-ref-1)