

SPECIALTY CROP BLOCK GRANT PROGRAM

APPLICATION PROJECT PROFILE TEMPLATE QUICK GUIDE

OVERALL

Use the updated project profile template to build your application to the Specialty Crop Block Grant Program (SCBGP). See the [Sample State Plan](#) for examples of completed project profiles. Save the project plan as a dynamic PDF and do not "Print to PDF." Spell out acronyms at first use in a field whenever possible.

ORGANIZATION DETAIL, PROJECT TITLE, AND DURATION OF PROJECT

- This section should provide project contact information, a descriptive project title, and the project period of performance.

ORGANIZATION DETAIL

Organization Name	XYZ State University
Organization Contact Name	Jane Doe
Phone	(111) 222-3333
Organization Email	jane.doe@xyzstate.edu
Organization Fax	N/A

Mailing Address

Street:	123 Main Street		
City:	Anywhere	State:	State
Zip:	20202		

- The Start and End Dates must fall within the award period given in the Request for Applications (RFA).
- Choose a project duration that allows time for data collection and analysis to report on selected performance measures.

PROJECT PARTNER AND SUMMARY

- The project summary (250 words or less, one sentence if possible) should be suitable for dissemination to the public and include:
 - The name of the applicant organization that will establish an agreement with the State Department of Agriculture,
 - The project's purpose, deliverables, and expected outcomes and
 - A brief description of the general activities to be completed during the project period.
- Example project summary:
The ABC University will establish an agreement with the State Department of Agriculture to measure the quality of irrigation water used on fruit and vegetable farms to help shape future irrigation water standards, improve on-farm risk assessment, provide strategies for implementing a water testing program, aid in interpreting water testing results, and provide assistance for understanding when mitigation strategies should be adopted.

PROJECT PURPOSE

- In this section you will elaborate on the reason for the project. Describe the problem or need and how the project will address it. Keep the focus on proposed project-related activities and impacts (5000 Character Limit).

OBJECTIVES

- Objectives should be specific tasks or activities that the project wishes to finish in the period of performance and can report as either “completed” or “not completed” at the time of reporting. Objectives are different from Outcomes.

+	#	Objective
-	1	Develop an online toolkit and conduct farm-to-school workshops for foodservice buyers on how to purchase and prepare locally grown seasonal specialty crops.
-	2	Provide classroom resources to educate students about the benefits of eating fruits and vegetables.

PROJECT BENEFICIARIES

- Estimate the total number of project beneficiaries as a whole number.

STATEMENT OF ENHANCING SPECIALTY CROPS

- Under the Statement of Enhancing Specialty Crops, please confirm by checking the box that this project enhances the competitiveness of specialty crops in accordance with and defined by the Farm Bill.

CONTINUATION PROJECT INFORMATION

- Will this project continue the efforts of a previously funded SCBGP project? Indicate Yes or No. If Yes, please complete all related fields.

CONTINUATION PROJECT INFORMATION

Does this project continue the efforts of a previously funded SCBGP project?

Yes

If you have selected "yes", please address the following:

PROVIDE THE AWARD NUMBER(S) AND PROJECT TITLES PREVIOUSLY FUNDED (1000 Character Limit)

2021, Controlling Fusarium Wilt in Lettuce, Award #21SCBPAB1114

OTHER SUPPORT FROM FEDERAL OR STATE PROGRAMS

- The SCBGP will not fund duplicative projects. If your project is receiving or will receive support from another federal or state program, respond “Yes” and complete all fields of this section.

OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS

The SCBGP will not fund duplicative projects. Did you submit this project to a Federal or State grant program other than the SCBGP for funding and/or is a Federal or State grant program other than the SCBGP funding the project currently?

Yes

IF YOUR PROJECT IS RECEIVING OR WILL POTENTIALLY RECEIVE FUNDS FROM ANOTHER FEDERAL OR STATE GRANT PROGRAM (1500 Character Limit for each question)

Identify the Federal or State grant program(s).

USDA Rural Business Development grant, awarded 2024

EXTERNAL PROJECT SUPPORT

- Other than the applicant and organizations involved in the project, please describe the specialty crop stakeholders who support this project and why.

EXPECTED MEASURABLE OUTCOMES

- Select at least one of the [SCBGP Performance Measures](#) (Outcome Indicators). We suggest no more than three.
- Select an Outcome to expand the indicator drop-down lists. Click the N/A box for unused Indicators.
- Choose Outcome Indicators that can be measured and reported within the project's period of performance.
- Marketing projects must use at least one Outcome 1 indicator.
- If an Indicator has a sub-indicator (a, b, c, etc.), select at least one sub-indicator.
- Estimate a reasonable, directly measurable value for selected Indicators as a whole number.
- In the unlikely event that the Outcomes and Indicators are not relevant to your project, you must develop a project-specific outcome(s) and indicator(s) and enter it in the Miscellaneous Outcome Measure section.

DATA COLLECTION TO REPORT ON OUTCOMES AND INDICATORS

- Describe in detail how the project will collect the data needed to report on selected performance measures (e.g., use of surveys to establish a baseline and measure change over time).
- Use the [SCBGP Performance Measures Quick Guide](#) for data collection tips for each outcome indicator.

BUDGET NARRATIVE

- Cost sharing is not a requirement for SCBGP. Do not include such funds in the Budget Narrative.
- The Budget Summary table will automatically calculate funds requested from inputs in the sub-categories of the budget narrative.

Expense Category	Funds Requested
Personnel	\$30,000.00
Fringe Benefits	\$5,000.00
Travel	\$5,000.00

PERSONNEL, PERSONNEL JUSTIFICATION, AND FRINGE BENEFITS

- Enter employees whose time and effort can be accurately traced to project activities. Respond to all fields in the table. If the listed employee effort will not be paid with SCBGP funds, list \$0.00 in the Funds Requested column.

+	#	Personnel Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
-	1	Senior Research Specialist	10%	\$21,000.00
-	2	Undergraduate Students	500 hours	\$6,000.00
Personnel Subtotal				\$27,000.00

- In the personnel justification enter each individual listed in the personnel table. Describe each individual's project-specific responsibilities and approximately when activities will occur.

Personnel 1: Senior Research Specialist - Determine if RNA is involved in the natural resistance (10/2025 - 01/2026);
Construct an infectious cDNA clone for PepMV (01/2026 - 06/2026);
Construct an RNA immunization vector (06/2026 - 08/2026);
Develop an attenuated PepMV strain (08/2026 - 05/2027);
Test the efficacy of the immunization vector (03/2027 - 12/2027)

Personnel 2: Undergraduate Students - Determine if RNA is involved in the natural resistance (10/2025 - 01/2026);
Construct an infectious cDNA clone for PenMV (01/2026 - 06/2026);

- In the Fringe Benefits section enter the fringe benefit cost, with percentages, for each of the employees described in the Personnel section if applicable.

+	#	Fringe Benefits Name/Title	Fringe Benefit Rate	Funds Requested
-	1	Senior Research Specialist	45	\$9,837.00
Fringe Subtotal				\$9,837.00

TRAVEL AND TRAVEL JUSTIFICATION

- Enter project travel costs. Respond to all fields in the table. For organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem for lodging and meals and incidental expenses (M&IE) and mileage rates prescribed in those regulations.
- List each cost item (airfare, car rental, meals, hotel, etc.) on separate lines.

+	#	Trip Destination	Type of Expense (e.g., airfare, car rental, hotel, etc.)	Unit of Measure (e.g., days, nights, miles)	Number of Units	Cost per Unit	Number of Travelers Claiming Expense	Funds Requested
-	1	City X and City Y	Car rental	Days	7	\$32.00	1	\$224.00
-	2	City X and City Y	M&IE	Days	7	\$25.00	1	\$175.00
-	3	City X and City Y	Lodging	Nights	2	\$60.00	1	\$120.00

- In the Travel Justification, describe the purpose of each trip and how it will achieve the project objectives and outcomes. Also include approximately when and where the trip will occur and who will be traveling. If you are not using GSA rates, please include how you arrived at the rate numbers. For example, a cost might include tax for the hotel or reflect organizational travel policy.
- Please mark the "Conforming with your Travel Policy" box.

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](#) or [48 CFR subpart 31.2](#) as applicable.



EQUIPMENT AND EQUIPMENT JUSTIFICATION

- Equipment is tangible property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level

established by the recipient for financial statement purposes, or \$10,000. See the RFA section on Allowable and Unallowable Costs and Activities for further guidance.

- Rental of general purpose equipment should be described here. Leasing (rent-to-own) or purchase of general purpose equipment is not allowable under SCBGP.
- Purchase of special purpose equipment is allowable for research, medical, scientific, or other technical activities under [the award terms and conditions](#).
- Complete a line of the table for each item. In the equipment justification enter the items listed in the equipment table and describe how the equipment will be used to achieve the project objectives and outcomes.

SUPPLIES AND SUPPLIES JUSTIFICATION

- Enter materials, supplies, and parts costing less than \$10,000 per unit on separate lines. If the actual cost per unit or number of units is not known, please use your best estimate. Respond to all fields in the table. See the RFA section on Allowable and Unallowable Costs and Activities for further guidance.
- If you are combining costs (for example combining 15 items into one cost in the supplies table), provide a breakdown of items in the justification and how you arrived at the price listed in the table.

+	#	Supplies Item Description	Cost per Unit	Number of Units	Acquisition Date	Funds Requested
-	1	Greenhouse - pots	\$0.50	400	10/2025	\$200.00
-	2	Greenhouse - 50 lb bags of soil	\$25.00	10	10/2025	\$250.00
-	3	Greenhouse - Osmocote fertilizer	\$50.00	1	10/2025	\$50.00

- In the Supplies justification section describe the purpose of each supply and how it is necessary to achieve the project objectives and outcomes.

Supplies 1-3: Greenhouse supplies required to grow the needed tomato plants to be included in the analysis under controlled conditions.

Supply 4: The **laboratory supplies** are expendable supplies required on a monthly basis to run the proposed tests. Because they are not reusable, they have to be replenished on a monthly basis.

Supply 5: Gilson Pipetteman sets are necessary as components for the analysis of PepMV.

CONTRACTUAL/CONSULTANT AND CONTRACTUAL JUSTIFICATION

- Provide a list of contractors/consultants, providing the name, hourly or flat rate, and overall cost of the services performed. If there is more than one contractor or consultant, each must be described separately.
- In the Contractual Justification section enter a description and timeline of the project activities each contractor will accomplish to meet the objectives and outcomes of the project. If the Contractor has not yet been identified or is TBD, please indicate how you will announce the opportunity, evaluate candidates, and select the contractor for the position/work to be completed.
- Please mark the “Conforming with your Procurement Standards” box.

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](#), as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements.



OTHER AND OTHER JUSTIFICATION

- Include here any expenses not covered in any of the previous budget categories (meetings and conferences, communications, rental expenses, advertisements, publication costs, data collection, etc.). Respond to all fields in the table.
- In the Other Justification section, please describe the purpose of each item listed and how it is necessary for the completion of the project's objective(s) and outcome(s).

+	#	Other Item Description	Cost per Unit	Number of Units	Acquisition Date	Funds Requested
-	1	Printing of educational and partner toolkits	\$0.87	5639	10/01/2025	\$4,915.00

INDIRECT COSTS

- If allowed by the state, the indirect cost rate should not exceed 8 percent of the total project budget. Indirect costs are any costs incurred for common or joint objectives that cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses.

Indirect Cost Rate (Max 8% of total award amount)	Funds Requested
8	\$4,320.00
Indirect Subtotal	\$4,320.00

PROGRAM INCOME

- Enter program income in this section. Program income is income earned as a direct result of grant-supported activities. Program income includes, but is not limited to: fees for services performed, sale of commodities or items fabricated under an award, registration fees for conferences, etc.
- Describe how program income will be used on allowable expenses to further the objectives of this project during the performance period.
- Any program income generated must be reinvested back into the project and not set aside or reserved for future expenses after the grant ends.

+	Source/Nature of Program Income	Description of how you will reinvest the program income into the project to enhance the competitiveness of specialty crops	Estimated Income
-	Registration fee for trainings	Program income will be used on allowable costs only to further the objectives of this project during the project's performance period.	\$600.00
Program Income Total			\$600.00

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Updated 01/21/2025