Agricultural Marketing Service
U.S. DEPARTMENT OF AGRICULTURE

SCBGP GRANT ADMINISTRATION TEMPLATE

AWARD YEARS 2022 FORWARD

The State department of agriculture must include the following information once at the beginning of the State Plan.

RECIPIENT INFORMATION

State Department of Agriculture: Example State Department of Agriculture

STATE PLAN COORDINATOR

List the person at the State department of agriculture directly responsible for administering the state plan.

Coordinator Name: Tom Jones

Title: Manager

Phone Number: (555) 222-1234

Email: tom.jones@example.gov

OUTREACH

OUTREACH TO SPECIALTY CROP STAKEHOLDERS TO IDENTIFY FUNDING PRIORITIES

States are encouraged to conduct outreach to specialty crop stakeholders to receive and consider public comment to identify state funding priority needs in enhancing the competitiveness of specialty crops prior to development of your request for proposals or applications.

OUTREACH TO IDENTIFY FUNDING PRIORITIES

Provide the steps you took to conduct outreach to identify funding priorities.

The Commissioner sent a personalized letter to specialty crop organizations, which solicited their input regarding the industry's needs and priorities (Appendix A). The Commissioner and other Department staff also solicited priority needs from the public by taking comments when speaking at conferences and meetings.

IDENTIFIED FUNDING PRIORITIES

Provide the funding priority needs identified through your outreach to specialty crop stakeholders. Include as many funding priorities as needed.

Funding Priority 1:

Food safety for specialty crop producers with emphasis on multi-state efforts.

Funding Priority 2:

Increased direct marketing opportunities.

Funding Priority 3:

Fostering sustainable/organic practices.

Funding Priority 4:

Funding Priority 5:

Funding Priority 6:

Funding Priority 7:

Funding Priority 8:

Funding Priority 9:

Funding Priority 10:

OUTREACH NOT CONDUCTED (IF APPLICABLE)

If outreach was not conducted to identify funding priorities, provide an explanation why it was not conducted.

N/A.

OUTREACH TO UNDERSERVED AND BEGINNING FARMERS

IDENTIFYING UNDERSERVED AND BEGINNING FARMERS

Describe the methods used to identify underserved and beginning farmers within your state.

We identified socially disadvantaged and beginning farmers within the state by working through state extension agents and through several local non-profits that work directly with these groups. Non-profit TUV and the PQR nonprofit were particularly helpful in targeting these populations.

ENGAGING UNDERSERVED AND BEGINNING FARMERS

Describe the methods used to reach out to these groups to inform them about the SCBGP.

Socially disadvantaged and beginning farmers were included in outreach efforts and were provided information through a direct mailing to minority farm registrants (provided by the USDA Office of Outreach at the request of the Department) and through our non-profit partners.

OUTREACH NOT CONDUCTED (IF APPLICABLE)

If outreach was not conducted to underserved farmers and beginning farmers, provide an explanation why it was not conducted.

N/A.

COMPETITIVE REVIEW PROCESS

PROPOSAL SOLICITATION

Describe the methods you used to solicit proposals that met the identified specialty crop funding priority needs.

The Department developed and distributed a press release to over 400 agricultural media outlets and organizations (Appendix B) announcing the request for proposals (RFP) for the Specialty Crop Block Grant Program - Farm Bill. The press release and RFP included the identified priority areas. The RFP and accompanying press release were also published and disseminated through email, posted on the Department's website, and hard copies upon request.

GRANT PROPOSALS RECEIVED

Number of Grant Proposals Received: 31

APPLICATION REVIEW PANEL

REVIEWER SELECTION

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

Once the SCBGP's Notice of Funding Availability was published, the Department recruited reviewers from the state's pool of specialty crop experts by personal invitation and formed a Specialty Crop Block Grant Advisory Committee (Advisory Committee).

REPRESENTED FIELDS OF EXPERTISE

Provide the fields of expertise the review panel members represented (i.e., botanists, food nutrition experts, commodity association representatives, etc.).

The Advisory Committee consisted of ten individuals with expertise in a wide range of specialty crop commodities (6), botany (3), and nutrition (1) from the State's public (4), private (2), academic (2), and non-profit (2) sectors.

PREVENTING REAL OR PERCEIVED CONFLICT OF INTEREST

Describe how you documented and ensured reviewers were free from conflicts of interest (i.e., reviewers signed a conflict-of-interest statement).

Advisory Committee members signed an agreement with the Department to ensure that they did not apply for this funding opportunity or review applications with which they had a conflict of interest.

SHARING THE RESULTS OF COMPETITIVE PROCESS WITH APPLICANTS

Describe how you will provide or did provide results of the peer review panel to the grant applicants while ensuring the confidentiality of the review panel members.

Seven projects were chosen for funding and are detailed in the following sections of this State Plan. The twenty-four project directors that were not funded received a letter notifying them of their proposal status, the reason the project did not receive funding during this cycle, and that they could contact the Department with any questions or concerns.

COMPETITIVE PROCESS NOT CONDUCTED (IF APPLICABLE)

If you did not conduct a competitive grant process, provide an explanation as to why you did not.

N/A.

OVERALL STATE PLAN BUDGET SUMMARY

Please ensure the total budget equals the State's available grant allocation and that the total indirect costs do not exceed 8 percent of your total grant request.

#	Project Title	Direct	Indirect	Total
1	Developing RNA Vaccines to Manage Pepino Mosaic Virus	$63,523.00	$0.00	$63,523.00
2	Farm-to-School: Building New Markets for Specialty Crops in Schools	$245,153.00	$0.00	$245,153.00
3	Measuring Irrigation Water Quality on Vegetable Farms	$54,576.00	$4,544.00	$59,120.00
4				$0.00
5				$0.00
6				$0.00
7				$0.00
8				$0.00
9				$0.00
10				$0.00
11				$0.00
12				$0.00
13				$0.00
14				$0.00
15				$0.00
16				$0.00
17				$0.00
18				$0.00
19				$0.00
20				$0.00
21				$0.00
22				$0.00
23				$0.00
24				$0.00
25				$0.00

#	Project Title	Direct	Indirect	Total
26				$0.00
27				$0.00
28				$0.00
29				$0.00
30				$0.00
31				$0.00
32				$0.00
33				$0.00
34				$0.00
35				$0.00
36				$0.00
37				$0.00
38				$0.00
39				$0.00
40				$0.00
41				$0.00
42				$0.00
43				$0.00
44				$0.00
45				$0.00
46				$0.00
47				$0.00
48				$0.00
49				$0.00
50				$0.00
51				$0.00
52				$0.00
53				$0.00

#	Project Title	Direct	Indirect	Total
54				$0.00
55				$0.00
56				$0.00
57				$0.00
58				$0.00
59				$0.00
60				$0.00
61				$0.00
62				$0.00
63				$0.00
64				$0.00
65				$0.00
66				$0.00
67				$0.00
68				$0.00
69				$0.00
70				$0.00
71				$0.00
72				$0.00
73				$0.00
74				$0.00
75				$0.00
76				$0.00
77				$0.00
78				$0.00
	Grant Administration	$19,070.00	$8,800.00	$27,870.00
	Subtotals	**$382,322.00**	**$13,344.00**	

Total Budget: **$ 395,666.00**

STATE DEPARTMENT OF AGRICULTURE OVERSIGHT

If you are using grant funds for direct administration of the grant agreement, provide the start and end dates for the use of these funds.

Start Date: 09/30/2023

End Date: 09/29/2026

GRANT ADMINISTRATION BUDGET NARRATIVE

All expenses described in this Budget Narrative must be associated with administration expenses for the SCBGP. Applicants should review the Request for Applications section 4.7 Funding Restrictions prior to developing their budget narrative.

AMS encourages all grant recipients to include the grant administrative funds in their budget narrative, which can be used for costs such as monitoring subrecipients, ensuring grant recipient and subrecipient compliance with regulations and requirements, and grant management training. Grant recipients are encouraged to conduct periodic site visits to review project accomplishments and monitor progress, to review financial and performance records, organizational procedures and financial control systems and to provide technical assistance to subrecipients as required. These recommended site visits are meant to support accountability, compliance with regulations and requirements, and achievements of subrecipients.

Please review previous State Plans to ensure that you are not requesting grant administration costs for the same activities for the same period as previously awarded. The Specialty Crop Block Grant Program (SCBGP) will not fund duplicative costs. Your administrative costs, which consist of indirect expenses associated with grant administration and individual project indirect costs, must not exceed 8 percent of your total grant request.

Budget Summary

Expense Category	Funds Requested
Personnel	**$13,200.00**
Fringe Benefits	**$5,412.00**
Travel	**$308.00**
Equipment	**$0.00**
Supplies	**$150.00**
Contractual	**$0.00**
Other	**$0.00**
Direct Costs Sub-Total	**$19,070.00**
Indirect Costs	**$8,800.00**

Total Budget: **$27,870.00**

Budget Breakdown by Year

Year 1	Year 2	Year 3	Year 4
$6,967.50	$13,935.00	$3,483.75	$3,483.75

PERSONNEL

List the organization's employees whose time and effort can be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops. See the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.2.1 for further guidance. Fill personnel information in space below as needed.

#	Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1	Tom Jones, Marketing and Development Branch	0.15 FTE	$13,200.00
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Personnel Subtotal: **$13,200.00**

PERSONNEL JUSTIFICATION

For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel by copying and pasting the existing listing or deleting personnel that aren't necessary.

Example: Personnel 1: Description and Justification
Personnel 2: Description and Justification

Personnel 1: Will make sure projects stay on task to include day to day operations, i.e., processing payments, compiling semiannual reports.

FRINGE BENEFITS

Provide the fringe benefit rates for each of the project's salaried employees described in the Personnel section that will be paid with SCBGP funds.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1	Tom Jones, Marketing and Development Branch	24.6%	$5,412.00
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Fringe Subtotal: **$5,412.00**

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 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. See the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Travel, and Foreign Travel for further guidance.

#	Trip Destination	Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)	Unit of Measure (days, nights, miles)	Number of Units	Cost per Unit	Number of Travelers Claiming the Expense	Funds Requested
1	Various in-state locations	Mileage	Miles	550.0	$0.56	1	$308.00
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Travel Subtotal: **$308.00**

TRAVEL JUSTIFICATION

For each trip listed in the above table describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren't necessary.

Example: Trip 1: (Approximate Date of Travel MM/YYYY), Justification
Trip 1: (Approximate Date of Travel MM/YYYY), Justification

Trip 1: 05/2024, Lexington County - site visit of high-risk grantees to make sure they are still in compliance with administering this program.

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

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. See the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Equipment - Special Purpose for further guidance

Rental of "general purpose equipment" must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. See Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Equipment - General Purpose for definition, and Rental or Lease Costs of Buildings, Vehicles, Land and Equipment.

#	Item Description	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

Equipment Subtotal: **$0.00**

EQUIPMENT JUSTIFICATION

For each Equipment item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn't necessary.

Example: Equipment 1: Description and Justification
Equipment 2: Description and Justification

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 and enhance the competitiveness of specialty crops. See Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Supplies and Materials, Including Costs of Computing Devices for further information.

#	Item Description	Per-Unit Cost	Number of Units/Pieces Purchased	Acquire Date?	Funds Requested
1	Printer paper	$30.00	3.0	10/23/2023	$90.00
2	Printer cartridges	$60.00	1.0	10/23/2023	$60.00
3					$0.00
4					$0.00
5					$0.00
6					$0.00
7					$0.00
8					$0.00
9					$0.00
10					$0.00
11					$0.00
12					$0.00
13					$0.00
14					$0.00
15					$0.00
16					$0.00
17					$0.00
18					$0.00
19					$0.00
20					$0.00

Supplies Subtotal: **$150.00**

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).

Example: Supplies 1: Description and Justification
Supplies 2: Description and Justification

Supplies 1: Printer Paper - printing materials for outreach and training workshops and reviewers.
Supplies 2: Printer Cartridges - printing for workshops and reviewers.

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 in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)

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. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

#	Name/Organization	Hourly Rate/Flat Rate	Funds Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Contractual/Consultant Subtotal: **$0.00**

CONTRACTUAL JUSTIFICATION

Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.

Example: Contractual 1: Description and Justification
Contractual 2: Description and Justification

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

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.

If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs. See Request for Applications section 4.3

Allowable and Unallowable Costs and Activities, Meals for further guidance.

#	Item Description	Per-Unit Cost	Number of Units	Acquire Date?	Funds Requested
1					$0.00
2					$0.00
3					$0.00
4					$0.00
5					$0.00
6					$0.00
7					$0.00
8					$0.00
9					$0.00
10					$0.00
11					$0.00
12					$0.00
13					$0.00
14					$0.00
15					$0.00
16					$0.00
17					$0.00
18					$0.00
19					$0.00
20					$0.00

Other Subtotal: **$0.00**

OTHER JUSTIFICATION

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

Example: Other 1: Description and Justification
Other 2: Description and Justification

INDIRECT COSTS

The indirect cost rate must not exceed 8 percent of your total grant request.

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. See Request for Applications section 4.2.1 Limit on Administrative Costs and Presenting Direct and Indirect Costs Consistently for further guidance.

Indirect Cost Rate	Funds Requested
2.22%	$8,800.00

Indirect Subtotal: **$8,800.00**

Clear Form