

RFSI Equipment-Only Grant Proposal

The RFSI Equipment-Only Grant Proposal should include a project narrative that describes the overall scope of the project and how it aligns with the program goals and priorities. **Applicants must attach documentation to substantiate the costs of each piece of equipment, which can include contracts, catalog pricing, or binding quotes provided by license commercial entities**.

# Applicant Information

**Applicant Organization**:

**UEI**:

**Phone:**

**Email**:

**Physical Address**

Street:

City:

State:

Zip:

**Mailing Address** (If different from above)

Steet:

City:

State:

Zip:

# Authorized Organization Representative (AOR)

List the person who will be the main contact for any correspondence and is responsible for signing any documentation should the grant be awarded.

**Name:**

**Title:**

**Phone:**

**Email:**

# Distressed Communities INdex

Using the [Distressed Communities Index](https://eig.org/distressed-communities/2022-dci-interactive-map/?view=county) Map, provide the community distress score for the county(ies) benefiting from your project. Note: U.S. Territories are not required to submit Distressed Communities Index data.

**County 1:** Click or tap here to enter text. **Distress Score 1:** Click or tap here to enter text.

**County 2:** Click or tap here to enter text.  **Distress Score 2***:* Click or tap here to enter text.

***Add additional lines as needed.***

# Type of Applicant

Select applicant type:

[ ]  **Agricultural producers or processors**, or groups of agricultural producers and processors

[ ]  **For-profit entities** operating middle-of-the-supply-chain activities such as processing, aggregation, or distribution of targeted agricultural products, whose activities are primarily focused for the benefit of local and regional producers, and that meet the eligibility requirements of the SBA small business size standards are eligible. For more information on these size standards, please visit [SBA's Size Standards webpage](https://www.sba.gov/federal-contracting/contracting-guide/size-standards). For a quick check on whether your business qualifies, please use the [Size Standards Tool](https://www.sba.gov/size-standards/index.html).

[ ]  **Nonprofit organizations** operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products

[ ]  **Local government** entities operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products

[ ]  **Tribal governments** operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products.

[ ]  **Institutions** such as schools, universities, or hospitals bringing producers together to establish cooperative or shared infrastructure or invest in equipment that will benefit multiple producers middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural product.

# Project Title

Provide a descriptive project title in 15 words or less in the space below.

Click or tap here to enter text.

# Executive Summary

Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a very brief (one sentence, if possible) description of your project. A Project Summary includes:

1. The name of the applicant organization that if awarded a grant will establish an agreement or contractual relationship with the State Applicant to lead and execute the project,
2. The project’s purpose, deliverables, and expected outcomes and
3. A description of the equipment to be purchased and how it will help fulfill the goal of this project.

Click or tap here to enter text.

# Project Purpose

## [ ] Operations Identifier

Provide where within the Middle of the Supply Chain the requested equipment be used:

[ ]  Processing

[ ]  Aggregation

[ ]  Distribution

[ ]  Value Added Production

[ ]  Other: Click or tap here to enter text.

## type of Agricultural Food products processed with the equipment?

Product Type 1: Click or tap here to enter text.

Product Type 2: Click or tap here to enter text.

*Add additional lines as needed.*

## Scope of Work

### Please describe the current business operations including services being offered in the geographic focus area.

Click or tap here to enter text.

### Please describe the specific need that the requested equipment will address.

Click or tap here to enter text.

### Please describe the impact this equipment will have on local and regional producers, market outlets, and more.

Click or tap here to enter text.

### Estimate the number of local and regional producers impacted:

Enter the Number Impacted

## Project Beneficiaries (As defined in the Program Scope and Requirements)

**Does this project directly benefit:**

**Underserved farmers and ranchers? Yes** [ ]  **No** [ ]

**New and beginning farmers and ranchers? Yes** [ ]  **No** [ ]

Veteran producers? **Yes** [ ]  **No** [ ]

Processors or other middle-of-the-supply businesses owned by socially disadvantaged individuals? **Yes** [ ]  **No** [ ]

# Expected Performance Measures

*The outcomes and performance measures below provide a framework that allows grant recipients to track and evaluate project activities. Please provide expected numbers based on the projects scope of work. Select N/A if not applicable to the specific project.*

### Outcome 2: Capacity in the Middle of the Supply Chain FOR LOCAL/REGIONAL FOOD PRODUCTs

| Indicator | Description | Expected Numbers | N/A |
| --- | --- | --- | --- |
| 2.3 | Number of processing equipment units purchased and installed:  |  |  |
| 2.5 | Number of aggregation, storage, distribution equipment units purchased and installed:  |  |  |

### Outcome 3: Increase economic Viability of Local/Regional Producers and Processors

| Indicator | Description | Expected Numbers | N/A |
| --- | --- | --- | --- |
| 3.2 | Number of local/regional agricultural producers who benefited from the new or improved processing/aggregation/storage or distribution capacity:  |  |  |
| 3.3 | Number of new local/regional products processed, aggregated, stored or distributed: |  |  |
| 3.4 | Number of new value-added products developed: |  |  |
| 3.5 | Number of new market-outlets established: |  |  |

# Budget Narrative

Please be sure to list and justify all expenses to be covered. If applicable, ensure that you have included Critical Resources and Infrastructure letter(s) to support the application information.

## Equipment

Describe any special purpose equipment to be purchased under the grant. ‘‘Special purpose equipment’’ such as such as, canners, hulling processors, reverse osmosis systems, egg packing machines, flotation tanks, roasters, or other processing equipment, packing and labeling equipment, or delivery vehicles.

| **#** | **Equipment Description** | **Purchase Price** | **Acquisition Date** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Equipment Subtotal:** Click or tap here to enter text.

### Equipment Justification

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

**Line Item 1:** Click or tap here to enter text.

**Line Item 2:** Click or tap here to enter text.

**Line Item 3:** Click or tap here to enter text.

***Add additional lines as needed.***

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