

**SPECIALTY CROP BLOCK GRANT PROGRAM**

PROJECT PROFILE TEMPLATE

AWARD YEARS 2022 FORWARD

The State Plan should include a series of project profiles that detail the necessary information to fulfill the goals and objectives of each project. The following information must be included in each project profile.

# ORGANIZATION DETAIL

**Organization Name Organization Contact Name Phone**

**Organization Email Organization Fax**

**Mailing Address**

Street:

City: State: Zip:

# PROJECT TITLE

**DURATION OF PROJECT**

**Start Date End Date**

# PROJECT PARTNER AND 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 Department of Agriculture to lead and execute the project;
2. The project’s purpose, deliverables, and expected outcomes; and
3. A description of the general tasks/activities to be completed during the project period to fulfill this goal.

**FOR EXAMPLE:** The ABC University will mitigate the spread of citrus greening (Huanglongbing) by developing scientifically- based practical measures to implement in a quarantine area and disseminating results to stakeholders through grower meetings and field days.

PROVIDE THE SPECIFIC ISSUE, PROBLEM, OR NEED THAT THE PROJECT WILL ADDRESS *(5000 Character Limit)*

**PROJECT PURPOSE**

## PROVIDE A LISTING OF THE OBJECTIVES THAT THIS PROJECT HOPES TO ACHIEVE

Include as many objectives as needed. To add another objective, use the "+" button. To delete, use the "-" button.

|  |  |  |
| --- | --- | --- |
| **+** | **#** | **Objective** |
| **-** |  |  |
| **-** |  |  |

## PROJECT BENEFICIARIES

Estimate the number of project beneficiaries.

Does this project directly benefit underserved farmers as defined in the RFA? Does this project directly benefit beginning farmers as defined in the RFA?

## STATEMENT OF ENHANCING SPECIALTY CROPS

By checking the box to the right, I confirm that this project enhances the competitiveness of specialty crops in accordance with and defined by the Farm Bill. Further information regarding the definition of a specialty crop can be found at [www.ams.usda.gov/services/grants/scbgp.](http://www.ams.usda.gov/services/grants/scbgp)

## CONTINUATION PROJECT INFORMATION

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

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

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

## DESCRIBE HOW THIS PROJECT WILL DIFFER FROM AND BUILD ON THE PREVIOUS EFFORTS *(2500 Character*

*Limit)*

## PROVIDE A SUMMARY (3 TO 5 SENTENCES) OF THE OUTCOMES OF THE PREVIOUS EFFORTS *(1500 Character*

*Limit)*

PROVIDE LESSONS LEARNED ON POTENTIAL PROJECT IMPROVEMENTS *(1500 Character Limit for each question)*

What was previously learned from implementing this project, including potential improvements?

How are the lessons learned and improvements being incorporated into the project to make the ongoing project more effective and successful at meeting goals and outcomes?

## DESCRIBE THE LIKELIHOOD OF THE PROJECT BECOMING SELF-SUSTAINING AND NOT INDEFINITELY DEPENDENT ON GRANT FUNDS *(1500 Character Limit)*

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?

## 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).

Describe how the SCBGP project differs from or supplements the other grant program(s) efforts.

# EXTERNAL PROJECT SUPPORT

Describe the specialty crop stakeholders who support this project and why (other than the applicant and organizations involved in the project). *(1500 Character Limit)*

SELECT THE APPROPRIATE OUTCOME(S) AND INDICATOR(S)/SUB-INDICATOR(S)

**EXPECTED MEASURABLE OUTCOMES**

You must choose at least one of the seven outcomes listed in the SCBGP Performance Measures, which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the SCBGP on a national level.

## OUTCOME MEASURE(S)



1. INCREASING CONSUMPTION AND CONSUMER PURCHASING OF SPECIALTY CROPS



2. INCREASING ACCESS TO SPECIALTY CROPS AND EXPANDING SPECIALTY CROP PRODUCTION AND DISTRIBUTION



3. INCREASE FOOD SAFETY KNOWLEDGE AND PROCESSES



4. IMPROVE PEST AND DISEASE CONTROL PROCESSES



5. DEVELOP NEW SEED VARIETIES AND SPECIALTY CROPS



6. EXPAND SPECIALTY CROP RESEARCH AND DEVELOPMENT



7. IMPROVE ENVIRONMENTAL SUSTAINABILITY OF SPECIALTY CROPS



ADDITIONAL APPROVED OUTCOME (IF APPLICABLE)

MISCELLANEOUS OUTCOME MEASURE *(1500 Character Limit)*

In the unlikely event that the outcomes and indicators above the selected outcomes are not relevant to your project, you must develop a project-specific outcome(s) and indicator(s) which will be subject to approval by AMS.

DATA COLLECTION TO REPORT ON OUTCOMES AND INDICATORS *(2000 Character Limit)*

Explain how you will collect the required data to report on the outcome and indicator in the space below. Please refer to SCBGP Performance Measures for information on data collection tips for each outcome indicator selected.

# BUDGET NARRATIVE

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP. If any matching funds will be used and a description of their use is required by the State department of agriculture, the expenses to be covered with matching funds must be described separately. Applicants should review the Request for Applications (RFA) section on *Funding Considerations* prior to developing their budget narrative.

|  |  |
| --- | --- |
| **Expense Category** | **Funds Requested** |
| Personnel |  |
| Fringe Benefits |  |
| Travel |  |
| Equipment |  |
| Supplies |  |
| Contractual |  |
| Other |  |
| **Direct Costs Sub-Total** |  |
| Indirect Costs |  |
| **Total Budget** |  |

## 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. If the listed employee’s salary/position will not be paid with SCBGP funds list $0.00 in the Funds Requested column. See the RFA section on *Presenting Direct and Indirect Costs Consistently and Allowable and Unallowable Costs and Activities* for further guidance. Fill personnel information in space below as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **+** | **#** | **Personnel Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
| **-** |  |  |  |  |
| **Personnel Subtotal** | | | |  |

PERSONNEL JUSTIFICATION *(2000 Character Limit)*

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.

**FOR EXAMPLE:**

Personnel 1: Description and justification Personnel 2: Description and justification

## FRINGE BENEFITS

Provide the fringe benefit rates, in percentages, for each of the employees described in the Personnel section that will be paid with SCBGP funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **+** | **#** | **Fringe Benefits Name/Title** | **Fringe Benefit Rate** | **Funds Requested** |
| **-** |  |  |  |  |
| **Fringe Subtotal** | | | |  |

## 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 for lodging and meals and incidental expenses (M&IE) and mileage rates prescribed in those regulations. This information is available at http:// [www.gsa.gov/travel.](http://www.gsa.gov/travel) See the RFA section on *Allowable and Unallowable Costs and Activities* for further guidance. For all trips, please list each cost item (airfare, car rental, meals, hotel, etc.) associated with that trip number on a separate line. Please do not combine costs like airfare and hotels on the same line.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **+** | **#** | **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** |
| **-** |  |  |  |  |  |  |  |  |
| **Travel Subtotal** | | | | | | | |  |

TRAVEL JUSTIFICATION *(2000 Character Limit)*

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 and where the trip will occur and who will be traveling. If the location is not yet known, please use "to be determined (TBD)". If you are not using GSA rates, please include how you arrived at the rate numbers. For example, it might be including tax for the hotel or University travel policy. Add more trips by copying and pasting the existing listing or delete trips that aren't necessary.

**FOR EXAMPLE:**

Trip 1: (Approximate Date of Travel MM/YYYY), justification Trip 2: (Approximate Date of Travel MM/YYYY), justification

## 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. If the acquisition cost of the item is less than $5,000 then the item is considered a supply and should be listed in that section. Rental of “general purpose equipment” must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. See the RFA section on *Allowable and Unallowable Costs and Activities* for further guidance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **+** | **#** | **Equipment Item Description** | **Rental or Purchase** | **Acquisition Date** | **Funds Requested** |
| **-** |  |  |  |  |  |
| **Equipment Subtotal** | | | | |  |

EQUIPMENT JUSTIFICATION *(2500 Character Limit)*

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. Please be sure to address the allow-ability criteria for each equipment item as indicated in the AMS Terms and Conditions.

**FOR 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. If the actual cost per unit or number of units is not known, please use your best estimate. This will assist Grants Management Specialists to better determine allowability. See the RFA section on *Allowable and Unallowable Costs and Activities*, for further guidance.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **+** | **#** | **Supplies Item Description** | **Cost per Unit** | **Number of Units** | **Acquisition Date** | **Funds Requested** |
| **-** |  |  |  |  |  |  |
| **Supplies Subtotal** | | | | | |  |

SUPPLIES JUSTIFICATION *(3000 Character Limit)*

Describe the purpose of each supply listed in the table above and how it is necessary for the completion of the project's objective(s) and outcome(s). If it comes as a set, please include that in the justification. If you are combining costs (for example combining 15 items into one cost, you will need to provide a breakdown of items and how you arrived at the price listed in the table above).

**FOR EXAMPLE:**

Supply 1: Description and justification Supply 2: Description and justification

## 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.

Create a new line for each contractor/consultant. Provide a list of contractors/consultants, detailing out the name, hourly or flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **+** | **#** | **Contractual Name/Organization** | **Hourly Rate/Flat Rate** | **Rate Value** | **Funds Requested** |
| **-** |  |  |  |  |  |
| **Contractual/Consultant Subtotal** | | | | |  |

CONTRACTUAL JUSTIFICATION *(2000 Character Limit)*

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 the RFA section on *Allowable and Unallowable Costs and Activities* for acceptable justifications. 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.

**FOR 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 per unit and number of units. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **+** | **#** | **Other Item Description** | **Cost per Unit** | **Number of Units** | **Acquisition Date** | **Funds Requested** |
| **-** |  |  |  |  |  |  |
| **Other Subtotal** | | | | | |  |

**OTHER JUSTIFICATION *(2000 Character Limit)***

Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s). For meals the costs must be reasonable, and a justification must be included to show that such activity maintains the continuity of the meeting and to do otherwise will impose arduous conditions on the meeting participants.

**FOR EXAMPLE:**

Other 1: Description and justification Other 2: Description and justification

## INDIRECT COSTS

The indirect cost rate must not exceed 8 percent of the total Federal funds provided under the award per section 101(k)(2) of the Specialty Crops Competitiveness Act of 2004 (7 U.S.C. § 1621 note), as amended by section 10107 of the Farm Bill. Indirect costs are any costs that are incurred for common or joint objectives which 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 the RFA section on *Limit on Administrative Costs* and *Presenting Direct and Indirect Costs Consistently* for further guidance.

|  |  |
| --- | --- |
| **Indirect Cost Rate** | **Funds Requested** |
|  |  |
| **Indirect Subtotal** |  |

## 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.

Describe how program income will be used to further the objectives of this project during the performance period. Any 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** |
| **-** |  |  |  |
| **Program Income Total** | | |  |