

# SPECIALTY CROP BLOCK GRANT HR-133 UNDERSERVED FARMERS MINI-GRANT

The purpose of this Request for Proposals (RFP) is to solicit applications from Socially Disadvantaged, Beginning or Military Veteran farmers of Specialty Crops in the state of New Jersey. This program seeks to fund projects that aim to increase production, marketing, and research of specialty crops. Applicants may request up to <u>\$5,000</u> in funding.

## APPLICANT INFORMATION

Applicant Organization Name:		
Phone Number:		
Email Address:		
Sam.gov "UEI" Number:		
Physical Address		
Street:		
City:		
State:		
Zip:		
Mailing Address (If different from above)		
Street:		
City:		
State:		
Zip:		

## PRIMARY POINT OF CONTACT

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 Number:	
Email Address	

## APPLICANT ELIGIBILITY

For which category do you identify as? You must select at least one option. Please check all that apply:

**Socially Disadvantaged Farmer** – a farmer who identifies as a member of a Socially Disadvantaged Group: 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.

**Beginning Farmer** – a farmer who has not operated a farm or ranch, or who has operated a farm or ranch for not more than 10 consecutive years and will materially and substantially participate in the operation of the farm.

**Veteran Farmer** – a farmer who served in the United States Army, Navy, Marine Corps, Air Force, and Coast Guard, including the reserve components thereof, and who was discharged or released therefrom under conditions other than dishonorable and who also meets the definition of beginning farmer.

Does your organization meet the Underserved Farmers ownership threshold? Please check "Yes" or "No":

**Yes,** the applicant organization is <u>majority-owned</u> (at least 51%) by individuals who identify as either Socially Disadvantaged Farmers Beginning Farmers, and/or Veteran Farmers.

**No**, the applicant organization is <u>not majority-owned</u> (at least 51%) by individuals who identify as either Socially Disadvantaged Farmers Beginning Farmers, and/or Veteran Farmers.

#### By checking this box, I self-certify that my organization meets the criteria required to qualify for this program.

DURATION OF PROJECT					
Project Start Date:		Project End Date:			

## **PROJECT PURPOSE**

#### TYPES OF SPECIALTY CROPS GROWN

The USDA defines specialty crops as, "Fruits and vegetables, tree nuts, dried fruits, horticulture, and nursery crops (including floriculture)." Eligible plants must be cultivated or managed and used by people for food, medicinal purposes, and/or aesthetic gratification to be considered specialty crops. Processed products shall consist of greater than 50% of the specialty crop by weight, exclusive of added water.

ecialty Crops (\$):
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#	Product Type

# PROVIDE THE SPECIFIC ISSUE, PROBLEM, OR NEED THAT THE PROJECT WILL ADDRESS (500 WORDS OR LESS)

## EXPECTED PERFORMANCE MEASURES

The outcomes below provide a framework that allows grant recipients to track and evaluate project activities. Please select at least one (1) outcome that your project aims to achieve. Select N/A if not applicable to the specific project.

OUTCOMES (SELECT AT LEAST ONE)		
#	Description	
1	Increased Production, Access, and Consumption of Specialty Crops	
2	Increased Marketing of Specialty Crops	
3	Improved Harvesting via Targeted Specialty Crop Research	

#### **BUDGET EXPENDITURES**

Total funding requested cannot exceed <u>\$5,000.</u> All expenses must be associated with expenses that will be covered by the SCBGP. Please refer to <u>the</u> <u>NJ Department of Agriculture Specialty Crop Block Grant (SCBG) webpage</u> for more information regarding allowable costs under the program.

Expense Category	Funds Requested
Personnel	
Travel	
Equipment	
Supplies	
Contractual	
Other	
Total Budget	

#### **BUDGET NARRATIVE (750 WORDS OR LESS)**

The **budget narrative** must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Purpose and Expected Outcomes. The budget narrative must show a relationship between work planned and performed to the costs incurred.

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 requirement.

### 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.