

# New Jersey Department of Agriculture 2019 Specialty Crop Block Grant

## Application Packet and Instructions

### **IMPORTANT NOTE:**

**The deadline to submit applications for consideration for the FY18 Specialty Crop Block Grant Program will be March 29, 2019.**

The United States Department of Agriculture's (USDA) **FY 2019 Specialty Crop Block Grant Program (SCBGP)** request for applications (RFA) has been cleared through the Office of the Deputy Administrator, and still needs to be routed for review and approval through multiple offices within Agricultural Marketing Services (AMS) and the USDA.

Although the official budget allocation has not been made by the USDA, they are encouraging State Departments of Agriculture to begin soliciting project proposals.

In the interim, all Specialty Crop Block Grant Program applications are to be considered tentative pending the publication of the federal approval of the Notice of Funding Availability (NOFA) in the federal registry for the USDA's Specialty Crop Block Grant program.

### **Program Purpose**

On December 21, 2004, the Specialty Crops Competitiveness Act of 2004 authorized the Department of Agriculture (USDA) to provide state assistance for specialty crops. Under Section 101 of the statute, the USDA Secretary of Agriculture is directed to "make grants to be used by State Departments of Agriculture solely to enhance the competitiveness of specialty crops."

Specialty Crop Block Grant Funds (SCBG) can be requested to enhance the competitiveness of specialty crops. Specialty crops are defined as fruits and vegetables, tree nuts, dried fruits, and nursery crops including floriculture. (For complete information on eligible crops see live link in the application template)

Examples of "enhancing the competitiveness" of specialty crops includes, but is not limited to research, promotion, marketing, nutrition, trade enhancement, food safety, food security, plant health programs, education, "buy local" programs, increased consumption, increased innovation, improved efficiency and reduced costs of distribution systems, environmental concerns and conservation, product development, and the development of cooperatives.

In particular the SCBG program encourages States to develop projects pertaining to the following areas; "enhancing food safety, improving the capacity of all entities in the specialty crop distribution chain to comply with the requirements of the Food Safety Modernization Act, for example, by developing 'Good Agricultural Practices,' 'Good Handling Practices,' 'Good Manufacturing Practices,' and in cost-share arrangements for funding audits of such systems for small farmers, packers and processors; investing in specialty crop research, including research to focus on conservation and environmental outcomes; developing adaptation and mitigation strategies for farmers in drought-stricken regions of the country; supporting the growth of organic specialty crops; developing new and improved seed varieties and specialty crops; pest and disease control; increasing child and adult nutrition knowledge and consumption of specialty crops; increasing opportunities for new and beginning farmers; improving efficiency and reducing costs of distribution systems; protecting and improving pollinator health; developing local and regional food systems; and improving food access in underserved communities and among veterans."

Commodity promotion councils, grower marketing cooperatives, county boards of agriculture and other agricultural organizations are being encouraged to provide producer input to assist the New Jersey Department of Agriculture (NJDA) in the development of the FY2019 Specialty Crop Block Grant program in New Jersey.

**IMPORTANT NOTE: Individual producers or solitary businesses are not eligible to apply. Applicants must be a legal entity representing a number of growers and have the legal capacity to contract. Applicants are strongly encouraged to provide a cash match for their projects.**

**1) All applicants are now required to submit an organizational DUNS number with their application.**

#### DATA UNIVERSAL NUMBER SYSTEM (DUNS) NUMBER

The State department of agriculture must ensure that it and its sub-applicants have a Data Universal Number System (DUNS) number at the time of application. A DUNS number is a unique number established and assigned by Dun and Bradstreet, Inc. (D&B) to identify organizations. A DUNS number is required for every application. Potential applicants and sub-applicants may acquire a DUNS number at no cost online at <http://fedgov.dnb.com/webform> . To acquire or verify a DUNS number by phone, contact the D&B Government Customer Response Center at 1-866-705-5711

Monday – Friday 7 a.m. to 8 p.m., CST

#### **Estimated Timeline:**

To be Announced - USDA announces the funding availability

**March 29, 2019** – Date Specialty Crop Block Grant applications are due to the NJDA.

To be Announced – The actual date the New Jersey Specialty Crop Block Grant application is due to the USDA.

**November 1, 2019** - The grant awards should be announced.

**November 15, 2019** – Grant contracts should be issued to the recipients by the NJDA

**December 1, 2019** – Projects may commence once the contract is signed by both parties

**September 29, 2022** – Project work must be completed

*The above dates are tentative and subject to change*

#### **Range of Grant Funding Requests**

Minimum \$10,000 Maximum - \$40,000. Depending on the total of funds requested the maximum grant size may be adjusted downward.

#### **Award Process of Payment**

Awarded SCBG funds will be processed by the NJDA once a memorandum of understanding is signed by both parties.

#### **How to Complete the Application:**

In compliance with the program's USDA regulations and NJDA guidelines, completed applications must consist of ten sections of narrative explaining how the grant funds will be utilized to enhance the competitiveness of specialty crops. The industry application is also required to include a one page signed acknowledgement form for the use of the NJDA (**see Attachment I**) and a list of the organization's officers and members must also be submitted with your grant application for the use of the NJDA.

The style of presentation and length may vary depending on the nature of the project; however, the USDA suggests that individual project proposals should be between 3-6 pages in length. For all SCBG project proposals a standard USDA Specialty Crop Block Grant application format must be followed.

**APPLICATION FORMAT:**

In accordance with USDA guidelines please submit your application using the following format and including the following sections;

**Note: All applicants must use the template below, a Microsoft Word version of which can be found at: <https://www.nj.gov/agriculture/grants/specialtycropblockgrants.html#2>. Throughout the application template, you will find live links with information regarding the definition of eligible specialty crops, accepted SCBG performance measures and other relevant regulatory and statutory information about this program.**

## SCBGP PROJECT PROFILE TEMPLATE

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 acceptable font size for the narrative is 11 or 12 pitch with all margins at 1 inch.** The following information must be included in each project profile.

### Project Title

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

### Duration of Project

**Start Date:** 12/01/2019

**End Date:** 9/29/2022

### 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. A concise outline the project's outcome(s), and*
- 3. A description of the general tasks 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.

## Project Purpose

PROVIDE THE SPECIFIC ISSUE, PROBLEM OR NEED THAT THE PROJECT WILL ADDRESS

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

*Add more objectives by copying and pasting the existing listing or delete objectives that aren't necessary.*

**Objective 1**

**Objective 2**

**Objective 3**

**Objective 4**

**Add other objectives as necessary**

## PROJECT BENEFICIARIES

**Estimate the number of project beneficiaries:** ..... Enter the Number of Beneficiaries

**Does this project directly benefit socially disadvantaged farmers as defined in the RFA?**

Yes  No

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

Yes  No

## STATEMENT OF SOLELY ENHANCING SPECIALTY CROPS

By checking the box to the right, I confirm that this project **solely** enhances the competitiveness of specialty crops in accordance with and defined by [7 U.S.C. 1621](#). 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

*If your project is continuing the efforts of a previously funded SCBGP project, address the following:*

**Describe how this Project will differ from and build on the Previous Efforts**

**Provide a Summary (3 to 5 sentences) of the Outcomes of the Previous Efforts**

**Provide Lessons Learned on Potential Project Improvements**

**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**

### **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  No

## **If Your Project is receiving or will Potentially receive Funds from another Federal or State Grant Program**

**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).*

## **Expected Measurable Outcomes**

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

*You must choose at least one of the eight 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)**

*Select the outcome measure(s) that are applicable for this project from the listing below.*

- Outcome 1:** Enhance the competitiveness of specialty crops through increased sales (required for marketing projects)
- Outcome 2:** Enhance the competitiveness of specialty crops through increased consumption
- Outcome 3:** Enhance the competitiveness of specialty crops through increased access
- Outcome 4:** Enhance the competitiveness of specialty crops through greater capacity of sustainable practices of specialty crop production resulting in increased yield, reduced inputs, increased efficiency, increased economic return, and/or conservation of resources
- Outcome 5:** Enhance the competitiveness of specialty crops through more sustainable, diverse, and resilient specialty crop systems
- Outcome 6:** Enhance the competitiveness of specialty crops through increasing the number of viable technologies to improve food safety

- Outcome 7:** Enhance the competitiveness of specialty crops through increased understanding of the ecology of threats to food safety from microbial and chemical sources
- Outcome 8:** Enhance the competitiveness of specialty crops through enhancing or improving the economy as a result of specialty crop development

### Outcome Indicator(s)

Provide at least one indicator listed in the *SCBGP Performance Measures* and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

**FOR EXAMPLE:**

**Outcome 2, Indicator 1.a.**

Of the 150 total number of children and youth reached, 132 will gain knowledge about eating more

### MISCELLANEOUS OUTCOME MEASURE

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

Explain how you will collect the required data to report on the outcome and indicator in the space below.

### 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 section 4.7 Funding Restrictions prior to developing their budget narrative.

| Budget Summary               |                 |
|------------------------------|-----------------|
| Expense Category             | Funds Requested |
| Personnel                    |                 |
| Fringe Benefits              |                 |
| Travel                       |                 |
| Equipment                    |                 |
| Supplies                     |                 |
| Contractual                  |                 |
| Other                        |                 |
| <b>Direct Costs Subtotal</b> |                 |
| <b>Indirect Costs</b>        |                 |

|                     |  |
|---------------------|--|
| <b>Total Budget</b> |  |
|---------------------|--|

## PERSONNEL

List the organization's employees whose time and effort can be specifically identified and easily and accurately traced to project activities that solely enhance the competitiveness of specialty crops. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.7.1 for further guidance.

| # | Name/Title | Level of Effort (# of hours OR % FTE) | Funds Requested |
|---|------------|---------------------------------------|-----------------|
| 1 |            |                                       |                 |
| 2 |            |                                       |                 |
| 3 |            |                                       |                 |
| 4 |            |                                       |                 |

|                           |  |
|---------------------------|--|
| <b>Personnel Subtotal</b> |  |
|---------------------------|--|

## 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.

**Personnel 1:**

**Personnel 2:**

**Personnel 3:**

**Add other Personnel as necessary**

## 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 |            |                     |                 |
| 2 |            |                     |                 |
| 3 |            |                     |                 |
| 4 |            |                     |                 |

|                        |  |
|------------------------|--|
| <b>Fringe Subtotal</b> |  |
|------------------------|--|

## 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 4.7.2 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) | # of Units | Cost per Unit | # of Travelers Claiming the Expense | Funds Requested |
|---|------------------|--|---------------------------------------|------------|---------------|-------------------------------------|-----------------|
| 1 |                  |  |                                       |            |               |                                     |                 |
| 2 |                  |  |                                       |            |               |                                     |                 |
| 3 |                  |  |                                       |            |               |                                     |                 |
| 4 |                  |  |                                       |            |               |                                     |                 |
| 5 |                  |  |                                       |            |               |                                     |                 |
| 6 |                  |  |                                       |            |               |                                     |                 |
| 7 |                  |  |                                       |            |               |                                     |                 |

|                        |  |
|------------------------|--|
| <b>Travel Subtotal</b> |  |
|------------------------|--|

### 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.

**Trip 1 (Approximate Date of Travel MM/YYYY):**

**Trip 2(Approximate Date of Travel MM/YYYY):**

**Trip 3(Approximate Date of Travel MM/YYYY):**

**Add other Trips as necessary**

### 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 4.7.2 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 4.7.2 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 |                  |                    |               |                 |

|                           |  |
|---------------------------|--|
| <b>Equipment Subtotal</b> |  |
|---------------------------|--|

### 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.

**Equipment 1:**

**Equipment 2:**

**Equipment 3:**

**Add other Equipment as necessary**

### 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 solely enhance the competitiveness of specialty crops. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Supplies and Materials, Including Costs of Computing Devices for further information.

| Item Description | Per-Unit Cost | # of Units/Pieces Purchased | Acquire When? | Funds Requested |
|------------------|---------------|-----------------------------|---------------|-----------------|
|                  |               |                             |               |                 |
|                  |               |                             |               |                 |
|                  |               |                             |               |                 |
|                  |               |                             |               |                 |

|                          |  |
|--------------------------|--|
| <b>Supplies Subtotal</b> |  |
|--------------------------|--|

## 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).

## 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 |                   |                       |                 |

|  |  |
|--|--|
| <b>Contractual/Consultant Subtotal</b> |  |
|--|--|

## 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 (for more information please go to <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/>), provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.

**Contractor/Consultant 1:**

**Contractor/Consultant 2:**

**Contractor/Consultant 3:**

**Add other Contractors/Consultants as necessary**

## 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 4.7.2 Allowable and Unallowable Costs and Activities, Meals for further guidance.*

| Item Description | Per-Unit Cost | Number of Units | Acquire When? | Funds Requested |
|------------------|---------------|-----------------|---------------|-----------------|
|                  |               |                 |               |                 |
|                  |               |                 |               |                 |
|                  |               |                 |               |                 |
|                  |               |                 |               |                 |

|                       |  |
|-----------------------|--|
| <b>Other Subtotal</b> |  |
|-----------------------|--|

## Other Justification

*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).*

## INDIRECT COSTS

*The indirect cost rate must not exceed 8 percent of any project's budget. 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 4.7.1 Limit on Administrative Costs and Presenting Direct and Indirect Costs Consistently for further guidance.*

| Indirect Cost Rate | Funds Requested |
|--------------------|-----------------|
|                    |                 |

|                          |  |
|--------------------------|--|
| <b>Indirect Subtotal</b> |  |
|--------------------------|--|

## 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.*

| Source/Nature of Program Income | Description of how you will reinvest the program income into the project to solely enhance the competitiveness of specialty crops | Estimated Income |
|---------------------------------|---|------------------|
|                                 |   |                  |
|                                 |   |                  |

|                             |  |
|-----------------------------|--|
| <b>Program Income Total</b> |  |
|-----------------------------|--|

**ATTACHMENT I.**

Acknowledgement.

I/we the undersigned applicants, \_\_\_\_\_ of  
(Organization name/names)

\_\_\_\_\_, New Jersey, hereby apply for Specialty Crop Block Grant  
Program  
(City/cities)

Funds under the terms and conditions of the New Jersey Department of Agriculture (NJDA) and  
the

United States Department of Agriculture, in the amount of \$ \_\_\_\_\_.  
(Amount requested)

The undersigned hereby warrants to the State of New Jersey that to the best of my/our knowledge,  
all  
information presented in this grant application is factual and true; that I/we understand that if this  
proposal is funded, I/we will be required to sign a grant agreement and other necessary  
documentation containing terms and conditions upon which funds will be released; and that I/we  
understand that I/we will be required to submit progress reports (quarterly and annually) and a  
final report at the completion of the project as a condition to participating in this grant program.  
All grant funding is subject to the availability and receipt of federal funds by the New Jersey  
Department of Agriculture.

The undersigned understands that the selection will be determined by NJDA based on criteria  
designed to enhance the competitiveness of specialty crops in New Jersey. The undersigned  
understands, due to the availability of a limited supply of funds, that every qualifying project may  
not be approved or receive funding and that approved projects may be funded in whole or part.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print: \_\_\_\_\_ Title: \_\_\_\_\_