**2023 Maryland Specialty Crop Block Grant Program (SCBGP) Application**

Please use the Grant Manual for reference when filling out this application. The style of presentation and length may vary depending on the nature of the project(s); 15-page maximum. The budget, budget narrative, and supporting documentation can be additional pages; 8 ½” x 11” paper. Use 11or 12-point Times New Roman or Arial font size.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Organization Information | | | | | | | | |
| Organization Name: | | | | | | | | Official Use Only: |
| Program Point of Contact Name: | | | | | | | | |
| Street Address: | | | | | | | | |
| City: | | | | | State: | | Zip: | |
| Phone: | | | | Email: | | | | |
| Federal Tax ID Number or EIN: | | | | | | | | |
| UEI Number: | | | | | | | | |
| Is your UEI Number listed on SAM.gov? Please include a screenshot in your application  Yes No | | | | | | | | |
| Is the organization in “Good Standing” with the State. Check the Maryland State Dept. of Assessments and Taxation (SDAT) website and include a screenshot. Yes No | | | | | | | | |
|  | | | | | | | | |
| Financial Point of Contact Name (if different than Program): | Financial Contact Info: | | | | | | | |
| Project Information | | | | | | | | |
| Project Title: | | | | | | | | |
| Total Project Cost:  $ | | Grant Request:  $ | | | | Match:  $ | | |
| Check only one. If project does not address an Area, check “Other Focus Area.” | | | | | | | | |
| ❑ Food Safety  ❑ Market Enhancement | | | ❑ Research  ❑ Other Areas: | | | | | |

SCBGP Project Profile

# INSTRUCTIONS

* The project profile must describe how you will fulfill the goals and objectives of your project.
* To maintain the formatting of this template when copying and pasting text from another source, right-click and select “Keep Text Only” under “Paste Options.”
* Save your project profile as a Microsoft Word file (.doc or .docx) with the filename **LastName - SCBGP Project Profile**. **Do not save the file as a PDF**.
* Application deadline:

# Project Title

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

**<Click here to enter project title>**

# Duration of Project

**Start Date\***: Start Date **End Date\*\***: End Date

|  |  |
| --- | --- |
| *\*The start date is subject to approval and pre-award cost restrictions indicated in the Budget Narrative section.* | *\*\*No later than November 30, 2024. The project duration must include time for completing all proposed objectives, data collection and reporting on Objectives, Outcomes and Indicators.* |

# applicant organization 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. *Any applicable project partners,*
3. *A concise outline the project’s outcome(s), and*
4. *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.

<Click here to enter the Applicant Organization and Summary. Limited to 250 words.>

# Project purpose

## Provide the Specific Issue, Problem or Need that the Project will Address

<Click here to enter the specific issue, problem or need.>

# 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.*

<Click here to enter the 1st objective.>

<Click here to enter the next objective or delete>

**Add other objectives as necessary**

# project impact

## Project Beneficiaries

**Estimate the number of project beneficiaries**: <Enter the Number of Beneficiaries>

**Does this project directly benefit socially disadvantaged farmers as defined below? Yes**  **No**

**Socially Disadvantaged Farmer or Rancher** is a farmer or rancher who is a member of a socially disadvantaged group. A Socially Disadvantaged Group is 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.

**Does this project directly benefit beginning farmers as defined below? Yes**  **No**

**Beginning Farmer or Rancher** is an individual or entity that has not operated a farm or ranch for more than 10 years and substantially participates in the operation.

## 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 [7 U.S.C. 1621](http://uscode.house.gov/view.xhtml?req=(title:7%20section:1621%20edition:prelim)%20OR%20(granuleid:USC-prelim-title7-section1621)&f=treesort&edition=prelim&num=0&jumpTo=true). 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

<Click here to describe or enter N/A>

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

<Click here to provide a summary or enter N/A>

### Provide Lessons Learned on Potential Project Improvements

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

<Click here to enter answer the question above or enter N/A>

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?

<Click here to enter answer the question above or enter N/A>

### Describe the Likelihood of The Project becoming Self-Sustaining and not Indefinitely Dependent on Grant Funds

<Click here to describe.>

## 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).

<Click here to enter the program name(s) or enter N/A>

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

<Click here to describe or enter N/A>

# External Project Support

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

<Click here to describe>

# Expected Measurable Outcomes

## Select the Appropriate Outcome(s) and Indicator(s)/Sub-Indicator(s)

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

* Indicate (via checkbox) at least one outcome/indicator listed below (from [SCBGP Performance Measures](http://www.ams.usda.gov/sites/default/files/media/SCBGP%20FY15%20PerformanceFINAL_10272015.pdf)) and insert its quantifiable results.
* You are only required to select ONE outcome/indicator. However, if you have multiple outcomes/indicators, repeat this process for each.
* If you need to add clarifying information to an indicator, use brackets [ ] to designate this information.
* There is no longer a mandatory outcome for marketing projects.

### **Outcome 1: Increasing Consumption and Consumer Purchasing of Specialty Crops**

**Outcome 1, Indicator 1.** Total number of consumers who gained knowledge about specialty crops .

**Outcome 1, Indicator 1.a.** Adults .

**Outcome 1, Indicator 1.b.** Children .

**Outcome 1, Indicator 2.** Total number of consumers who consumed more specialty crops .

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

**Outcome 1, Indicator 2.b.** Children .

**Outcome 1, Indicator 3.** Number of additional specialty crop customers counted .

**Outcome 1, Indicator 4.** Number of new additional business transactions executed .

**Outcome 1, Indicator 5.** Increased sales measured in:

**Outcome 1, Indicator 5.a.** Dollars $ .

**Outcome 1, Indicator 5.b.** Percent change .

**Outcome 1, Indicator 5.c.** Combination of volume and average price as a result of enhanced market activities .

### **Outcome 2: Increasing Access to Specialty Crops and Expanding Specialty Crop Production and Distribution**

**Outcome 2, Indicator 1.** Number of stakeholders that gained technical knowledge about producing, preparing, procuring, and/or accessing specialty crops .

**Outcome 2, Indicator 2.** Number of stakeholders that reported producing, preparing, procuring, and/or accessing more specialty crops .

**Outcome 2, Indicator 3.** Total number of market access points for specialty crops developed or expanded . Of those:

**Outcome 2, Indicator 3.a.** Number of new online portals created to sell specialty crops .

**Outcome 2, Indicator 3.b.** Number of expanded seasonal availability .

**Outcome 2, Indicator 3.c.** Number of existing market access points that expanded specialty crop offerings .

**Outcome 2, Indicator 3.d.** Number of new market access points that established specialty crop offerings .

**Outcome 2, Indicator 4.** Number of stakeholders that gained knowledge about more efficient and effective distribution systems .

**Outcome 2, Indicator 5.** Number of stakeholders that adopted best practices or new technologies to improve distribution systems .

**Outcome 2, Indicator 6.** Total number of partnerships established between producers, distributors, and/or other relevant intermediaries related to distribution systems . Of those established:

**Outcome 2, Indicator 6.a.** Number formalized with written agreements (i.e. MOU’s, signed contracts, etc.)      .

**Outcome 2, Indicator 3.b.** Number of partnerships with underserved organizations .

**Outcome 2, Indicator 7.** Total number of new/improved distribution systems developed . Of those, the number that:

**Outcome 2, Indicator 7.a.**  Stemmed from new partnerships .

**Outcome 2, Indicator 7.b.** Increased efficiency .

**Outcome 2, Indicator 7.c.** Reduced costs .

**Outcome 2, Indicator 7.d.** Increased specialty crop grower participation .

**Outcome 2, Indicator 7.e.** Expanded customer reach .

**Outcome 2, Indicator 7.f.** Increased online presence .

**Outcome 2, Indicator 8.** Number of specialty crop-related jobs:

**Outcome 2, Indicator 8.a** Created .

**Outcome 2, Indicator 8.b.** Maintained .

**Outcome 2, Indicator 9.** Total number of new individuals who went into specialty crop production as a result of marketing . Of those, the number who are:

**Outcome 2, Indicator 9.a.** Beginning farmers or ranchers (see page 2) .

**Outcome 2, Indicator 9.b.** Socially disadvantaged farmers or ranchers (see page 2) .

**Outcome 2, Indicator 10.** Number of market access points that reported increased:

**Outcome 2, Indicator 10.a.** Revenue      .

**Outcome 2, Indicator 10.b.** Sales .

**Outcome 2, Indicator 10.c.** Cost-saving .

### **Outcome 3: Increase Food Safety and Knowledge and Processes**

**Outcome 3, Indicator 1.** Number of stakeholders that gained knowledge about prevention, detection, control, and/or intervention food safety practices, including relevant regulations (to improve their ability to comply with the Food Safety Modernization Act (FSMA) and/or meet the standards for aligned third party food safety audits such as Harmonized GAP/GHP) .

**Outcome 3, Indicator 2.** Number of stakeholders that:

**Outcome 3, Indicator 2.a.** Established a food safety plan .

**Outcome 3, Indicator 2.b.**Revised or updated their food safety plan .

**Outcome 3, Indicator 3.** Number of specialty crop stakeholders who implemented new/improved prevention, detection, control, and intervention practices, tools, or technologies to mitigate food safety risks (to improve their ability to comply with the Food Safety Modernization Act (FSMA) and/or meet the standards for aligned third party food safety audits such as Harmonized GAP/GHP) .

**Outcome 3, Indicator 4.** Number of prevention, detection, control, or intervention practices developed or enhanced to mitigate food safety risks .

**Outcome 3, Indicator 5.** Number of stakeholders that used grant funds to:

**Outcome 3, Indicator 5.a.** Purchase .

**Outcome 3, Indicator 5.b.** Upgrade food safety equipment .

### **Outcome 4: Improve Pest and Disease Control Processes**

**Outcome 4, Indicator 1.** Numbers of stakeholders that gained knowledge about science-based tools to combat pests and diseases .

**Outcome 4, Indicator 2.** Number of stakeholders that adopted pest and disease control best practices, technologies, and innovations .

**Outcome 4, Indicator 3.** Number of stakeholders trained in early detection and rapid response practices to combat pests and diseases . Of those:

**Outcome 4, Indicator 3.a.** The number of additional acres managed using integrated pest management .

**Outcome 4, Indicator 4.** Number of stakeholders that implemented new diagnostic systems, methods, or technologies for analyzing specialty crop pests and diseases .

**Outcome 4, Indicator 5.** Total number of producers/processors that enhanced or maintained pests and disease control practices . Of those, the number that reported:

**Outcome 4, Indicator 5.a.** Reduction in product lost to pests and diseases .

**Outcome 4, Indicator 5.b.** Improved crop quality .

**Outcome 4, Indicator 5.c.** Reduction in labor costs .

**Outcome 4, Indicator 5.d.** Reduction in pesticide use .

**Outcome 4, Indicator 6** Number of producers/processors improving the efficiency of pests and disease control diagnostics and response testing, as reported by:

**Outcome 4, Indicator 6.a.** Improving speed .

**Outcome 4, Indicator 6.b.** Improving reliability .

**Outcome 4, Indicator 6.c.** Expanding capability .

**Outcome 4, Indicator 6.d.** Increasing testing (i.e. survey work for pests) .

### **Outcome 5: Develop New Seed Varieties and Specialty Crops**

**Outcome 5, Indicator 1.** Number of cultivar and/or variety trials conducted . Of those:

**Outcome 5, Indicator 1.a.** The number that advanced to further stages of development .

**Outcome 5, Indicator 2.** Number of cultivars and/or seed varieties developed .

**Outcome 5, Indicator 3.** Number of cultivars and/or seeds varieties released .

**Outcome 5, Indicator 4.** Number of growers adopting new cultivars and/or varieties .

**Outcome 5, Indicator 5.** Number of acres planted with new cultivars and/or varieties .

### **Outcome 6: Expand Specialty Crop Research and Development**

**Outcome 6, Indicator 1.** Number of research goals accomplished .

**Outcome 6, Indicator 2.** For research conclusions, the number that:

**Outcome 6, Indicator 2.a.** Yielded findings that supported continued research      .

**Outcome 6, Indicator 2.b.** Yielded findings that led to completion of study .

**Outcome 6, Indicator 2.c.** Yielded findings that allow for implementation of new practice, process, or technology .

**Outcome 6, Indicator 3.** Number of industry representatives and other stakeholders who engaged with research results .

**Outcome 6, Indicator 4.** Total number of research outputs published to industry publications and/or academic journals . For each published research output, the:

**Outcome 6, Indicator 4.a.** Number of views/reads of published research/data .

**Outcome 6, Indicator 4.b.** Number of citations counted .

### **Outcome 7: Improve Environmental Sustainability of Specialty Crops**

**Outcome 7, Indicator 1.** Number of stakeholders that gained knowledge about environmental sustainability best practices, tools, or technologies .

**Outcome 7, Indicator 2.** Number of stakeholders reported with an intent to adopt environmental sustainability best practices, tools, or technologies .

**Outcome 7, Indicator 3.** Number of producers that adopted environmental best practices or tools .

**Outcome 7, Indicator 4.** Number of new tools/technologies developed or enhanced to improve sustainability/ conservation or other environmental outcomes .

**Outcome 7, Indicator 5.** Number of additional acres managed with sustainable practices, tools, or technologies that focused on:

**Outcome 7, Indicator 5.a.** Water quality/conservation .

**Outcome 7, Indicator 5.b.** Soil health      .

**Outcome 7, Indicator 5.c.** Biodiversity .

**Outcome 7, Indicator 5.d.** Reduction in energy use .

**Outcome 7, Indicator 5.e.** Other positive environmental outcomes (optional) .

**Outcome 7, Indicator 6.** Number of additional acres established and maintained for the mutual benefit of pollinators/specialty crops .

## Miscellaneous Outcome Measure

*In the unlikely event that the outcomes and indicators above 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.*

<Click here to enter a project-specific outcome measure for consideration or enter N/A>

## 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.*

<Click here to explain.>

## sharing results and/or benefits

*Explain how you will share the results and/or benefits of the project with specialty crop growers and other interested specialty crop stakeholders.*

<Click here to explain.>

# Project funding

Would this project be possible without SCBGP grant funds? **Yes**  **No**

If YES, please provide an explanation regarding the source of funding that would be used for this project if SCBGP funds were not granted. <Click here to explain or enter N/A.>

Could the **expected measurable outcomes** of this project be accomplished with a reduced budget? **Yes**  **No**

If YES, please indicate a minimum dollar amount or percentage of the proposed budget that, if granted, could still accomplish the expected measurable outcomes of this project. <Click here to indicate minimum amount or enter N.A>

# Budget Narrative

A detailed budget needs to be submitted with the application. No indirect costs may be allotted to the budgeted project. **Please round totals to the next whole dollar.**

Please do not use arbitrary estimates when developing the budget. The project budget should have the research behind the numbers to justify each budget line item.The more information you can provide in the budget, the less likely the application review will be delayed or denied.

| **Budget Summary** | | | | |
| --- | --- | --- | --- | --- |
| **Expense Category** | **SCBGP Funds Requested** | **Matching Funds** | **Match Source** | **Total** |
| **Personnel** |  |  |  |  |
| **Fringe Benefits** |  |  |  |  |
| **Travel** |  |  |  |  |
| **Equipment** |  |  |  |  |
| **Supplies** |  |  |  |  |
| **Contractual** |  |  |  |  |
| **Other** |  |  |  |  |
| **Direct Costs Subtotal** |  |  |  |  |

|  |  |
| --- | --- |
| **Total Budget:** |  |
| **Total SCBGP Request:** |  |

## 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. Those employed elsewhere would be listed as subcontractors or consultants in the “CONTRACTUAL” category. In order for secretarial and clerical salaries to be allowable as direct charges to the awards, a justification of how the person will be directly involved in the project must be included in the narrative. General administrative/indirect or accounting expenses are not considered acceptable. The duties must be directly related to the project plan.*

***Salary increases in the second year of a project are not allowable. Please do not include them in the project’s budget.***

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

|  |  |
| --- | --- |
| **Personnel Subtotal** |  |

### 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.*

<Click here to describe the activities of the 1st position>

<Click here to describe the activities of the next position>

<Click here to describe the activities of the next position>

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 |  |  |  |

|  |  |
| --- | --- |
| **Fringe Subtotal** |  |

## Travel

*Please note that travel costs are limited to those allowed by the Arizona State Travel Policy as outlined in Section II-D of the State of Arizona Accounting Manual, which can be viewed at* [*http://www.gao.az.gov/publications/SAAM/default.asp*](http://www.gao.az.gov/publications/SAAM/default.asp)*.*; *in the case of air travel, project participants must use the lowest reasonable commercial airfares.* ***Please do not use arbitrary estimates when developing a project’s travel budget.***

| **#** | **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 |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Travel Subtotal** |  |

### 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 or enter N/A>

<Click here to describe the purpose of Trip 1 or enter N/A>

<Trip 2 Approximate Date of Travel MM/YYYY or delete>

<Click here to describe the purpose of Trip 2 or delete>

<Trip 3 Approximate Date of Travel MM/YYYY or delete>

<Click here to describe the purpose of Trip 3 or delete>

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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) 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.*

*Rental of "general purpose equipment’’ must also be described in this section.* ***Purchase of general purpose equipment is not allowable under this grant.***

***The use, management and disposition of equipment by the Grantee shall be in accordance with*** [***2 C.F.R. § 200.313***](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=f14211b8cd23de9ea52648b71c0f0959&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1313) ***and*** [***2 C.F.R. § 200.315***](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=f14211b8cd23de9ea52648b71c0f0959&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1315)***, as applicable.***

| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

|  |  |
| --- | --- |
| **Equipment Subtotal** |  |

### 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.*

<Click here to describe how the 1st piece of equipment will be used or enter N.A>

<Click here to describe how the 2nd piece of equipment will be used or delete>

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 enhance the competitiveness of specialty crops.* ***Please do not use arbitrary estimates when developing a supplies budget.***

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

|  |  |
| --- | --- |
| **Supplies Subtotal** |  |

### Supplies Justification

*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).*

<Click here to enter purpose of each supply or enter N/A>

## 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.*

### 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 the non-allowance of administration/indirect costs also applies to contractors and consultants.***

| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |

|  |  |
| --- | --- |
| **Contractual/Consultant Subtotal** |  |

### 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/*](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 Appendix D*** *- Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications. Add more contractors/consultants by copying and pasting the existing listing or delete those that aren’t necessary.*

<Click here to enter justification for Contractor/Consultant 1 or enter N/A>

<Click here to enter justification for Contractor/Consultant 2 or delete>

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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#sg2.1.200_1316.sg3), 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.*

*Meals provided during a conference or meeting are* ***not allowable*** *costs.*

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

|  |  |
| --- | --- |
| **Other Subtotal** |  |

### 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).*

<Click here to enter the purpose of each item or enter N/A>

## 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 enhance the competitiveness of specialty crops** | **Estimated Income** |
| --- | --- | --- |
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| --- | --- |
| **Program Income Total** |  |