**2018 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 12-point Times New Roman or Arial font size.

# cover page

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Organization Information** | | | | | | | | |
| Organization Name: | | | | | | | | Official Use Only: |
| Primary Point of Contact Name: | | | | | | | | |
| Street Address: | | | | | | | | |
| City: | | | | State: | | | Zip: | |
| Phone: | | | Email: | | | | | |
| Federal Tax ID Number or EIN: | | | | | | | | |
| DUNS Number (required): | | | Is your DUNS Number active on SAM.gov? Please include a screenshot in your application  Yes No | | | | | |
| Financial Point of Contact Name (if different than Primary): | | | Financial Contact Info: | | | | | |
| **Project Information** | | | | | | | | |
| Project Title: | | | | | Grant period (start and end date of your project): | | | |
| 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: | | | | | | |

# Project Title

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

# Duration of Project

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

# Project Partner and Summary

# 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**

**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 grant manual? Yes** ☐ **No** ☐

**Does this project directly benefit beginning farmers as defined in the grant manual? 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](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). 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 PREVIOUS PROJECT

**How are the lessons learned and improvements being incorporated into the project to make the proposed 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

# Expected Measurable Outcomes

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

### Outcome Measure(s)

You must choose at least **ONE** of the eight outcomes and at least **ONE** of the indicators listed in the Grant Manual or [USDA SCBGP Indicators](https://www.ams.usda.gov/sites/default/files/media/SCBGP%20FY15%20PerformanceFINAL_10272015.pdf). If you do not use one of the eight outcomes and the listed indicators, the application will be ineligible.

For example:

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

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

*Outcome 1: To enhance the competitiveness of specialty crops through increased sales.*

*Indicator:* Sales increased from $ to $ and by percent, as result of marketing and/or promotion activities.

*Outcome 1 and its Indicator are mandatory for all marketing and promotion projects.*

*Outcome 2: Enhance the competitiveness of specialty crops through increased consumption.*

*Indicator(s):*

*Outcome 3: Enhance the competitiveness of specialty crops through increased access and awareness.*

*Indicator(s):*

*Outcome 4: Enhance the competitiveness of specialty crops though 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.*

*Indicator(s):*

*Outcome 5: Enhance the competitiveness of specialty crops through more sustainable, diverse, and resilient specialty crop systems.*

*Indicator(s):*

*Outcome 6: Enhance the competitiveness of specialty crops through increasing the number of viable technologies to improve food safety.*

*Indicator(s):*

*Outcome 7: Enhance the competitiveness of specialty crops through increased understanding of threats to food safety from microbial and chemical sources.*

*Indicator(s):*

*Outcome 8: Enhance the competitiveness of specialty crops through enhancing or improving the economy as a result of specialty crop development.*

*Indicator(s):*

## 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.

# Workplan

# Budget Narrative

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

|  |  |
| --- | --- |
| **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 solely enhance the competitiveness of specialty crops.

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

|  |  |
| --- | --- |
| **MD SCBGP 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.

**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 MD SCBGP funds.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Name/Title** | **Fringe Benefit Rate** | **MD SCBGP Funds Requested** | **Matching Funds** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

|  |  |
| --- | --- |
| **MD SCBGP Fringe Subtotal** |  |

## Travel

Explain the purpose for each Trip Request.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **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** | **MD SCBGP Funds Requested** | **Matching Funds** |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **MD SCBGP 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):**

**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](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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **MD SCBGP Funds Requested** | **Matching Funds** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

|  |  |
| --- | --- |
| **MD SCBGP 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.

**Equipment 1:**

**Equipment 2:**

**Equipment 3:**

**Add other Equipment as necessary**

## Supplies

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

|  |  |
| --- | --- |
| **MD SCBGP Supplies Subtotal** |  |

### 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** | **MD SCBGP Funds Requested** | **Matching Funds** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

|  |  |
| --- | --- |
| **MD SCBGP 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 provide a justification for the expenses.

**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](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, rental expenses, advertisements, publication costs, and data collection.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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).

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

|  |  |
| --- | --- |
| **Program Income Total** |  |