**2020 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 | | | | | | | | |
| 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 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

The Project Summary is a summation of intended project activities and outcomes, similar to an abstract. If funded, this statement will be used to promote the project. When requests are made of the program for particular projects, this is what USDA will release to the public. The Project Purpose provides more detail about the project’s background, the reason it’s being proposed, and the project’s beneficiaries. The Project Purpose is essentially the “nuts and bolts” of the proposal, while the Project Summary is a condensed statement of the project’s activities and outcomes.

**Suggested Outline**: [Name of Organization] will [What will your project achieve?] by [How will you achieve it?]

**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**

**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 questions A–D below.

If your project is not continuing the efforts of a previously funded SCBGP project, leave this section blank and continue with “OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS.”

### 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

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

**2. 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

**Who are the specialty crop stakeholders—other than the applicant and organizations involved in the project—who support this project?**

**Why do these stakeholders support this project?**

# 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.

Select the outcome measure(s) 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 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

☐ **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)

* Complete at least one indicator listed below (from [SCBGP Performance Measures](http://www.ams.usda.gov/sites/default/files/media/SCBGP%20FY15%20PerformanceFINAL_10272015.pdf)) and its quantifiable result.
* If you have multiple outcomes and/or indicators, repeat this process for each outcome/indicator.
* If you need to add clarifying information to an indicator, use brackets [ ] to designate this information.
* You may delete any outcomes/indicators that are not relevant to your project.

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

**Outcome 1 Indicator**: Sales increased from $      to $      and by       percent as a result of marketing and/or promotion activities.

[Outcome 1 and its corresponding indicator are mandatory for all marketing and promotion projects.]

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

**Outcome 2, Indicator 1.a.** Of the       total number of children and youth reached, the number that gained knowledge about eating more specialty crops:      .

**Outcome 2, Indicator 1.b.** Of the       total number of children and youth reached,thenumber that reported an intention to eat more specialty crops:      .

**Outcome 2, Indicator 1.c.** Of the       total number of children and youth reached,the number that reported eating more specialty crops:      .

**Outcome 2, Indicator 2.a.** Of the       total number of adults reached, the number that gained knowledge about eating more specialty crops:      .

**Outcome 2, Indicator 2.b.** Of the       total number of adults reached, the number that reported an intention to eat more specialty crops:      .

**Outcome 2, Indicator 2.c.** Of the       total number of adults reached, the number that reported eating more specialty crops:      .

**Outcome 2, Indicator 3.** Number of new and improved technologies and processes to enhance the nutritional value and consumer acceptance of specialty crops (excluding patents)      .

**Outcome 2, Indicator 4.** Number of new specialty crops and/or specialty crop products introduced to consumers      .

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

**Outcome 3, Indicator 1.a.** Of the       total number of consumers or wholesale buyers reached, the number that gained knowledge on how to access/produce/prepare/preserve specialty crops:      .

**Outcome 3, Indicator 1.b.** Of the       total number of consumers or wholesale buyers reached, the number that reported an intention to access/produce/prepare/preserve specialty crops:      .

**Outcome 3, Indicator 1.c.** Of the       total number of consumers or wholesale buyers reached, the number that reported supplementing their diets with specialty crops that they produced/preserved/obtained/prepared:      .

**Outcome 3, Indicator 2.a.** Of the       total number of individuals (culinary professionals, institutional kitchens, specialty crop entrepreneurs such as kitchen incubators/shared-use kitchens, etc.) reached, the number that gained knowledge on how to access/produce/prepare/preserve specialty crops:      .

**Outcome 3, Indicator 2.b.** Of the       total number of individuals (culinary professionals, institutional kitchens, specialty crop entrepreneurs such as kitchen incubators/shared-use kitchens, etc.) reached, the number that reported an intention to access/produce/prepare/preserve specialty crops:      .

**Outcome 3, Indicator 2.c.** Of the       total number of individuals (culinary professionals, institutional kitchens, specialty crop entrepreneurs such as kitchen incubators/shared-use kitchens, etc.) reached, the number that reported supplementing their diets with specialty crops that they produced/prepared/preserved/obtained:      .

**Outcome 3, Indicator 3.** Number of existing delivery systems/access points of those reached that expanded and/or improved offerings of specialty crops

1. farmers markets
2. produce at corner stores
3. school food programs and other food options (vending machines, school events, etc.)
4. grocery stores
5. wholesale markets
6. food hubs that process, aggregate, distribute, or store specialty crops
7. home improvement centers with lawn and garden centers
8. lawn and garden centers
9. other systems/access points, not noted
10. total (if not reported above)

**Outcome 3, Indicator 4.** Number of new delivery systems/access points offering specialty crops

1. farmers markets
2. produce at corner stores
3. school food programs and other food options (vending machines, school events, etc.)
4. grocery stores
5. wholesale markets
6. food hubs that process, aggregate, distribute, or store specialty crops
7. home improvement centers with lawn and garden centers
8. lawn and garden centers
9. other systems/access points, not noted
10. total (if not reported above)

#### 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

**Outcome 4, Indicator 1.** Numbers of plant/seed releases (i.e., cultivars, drought-tolerant plants, organic, enhanced nutritional composition, etc.):      .

**Outcome 4, Indicator 2.** Adoption of best practices and technologies resulting in increased yields, reduced inputs, increased efficiency, increased economic return, and conservation of resources (select at least one below).

1. Number of growers/producers indicating adoption of recommended practices:      .
2. Number of growers/producers reporting reduction in pesticides, fertilizer, water used/acre:      .
3. Number of producers reporting increased dollar returns per acre or reduced costs per acre      .
4. Number of acres in conservation tillage or acres in other best management practices     .

**Outcome 4, Indicator 3.** Number of habitat acres established and maintained for the mutual benefit of pollinators and specialty crops:      .

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

**Outcome 5, Indicator 1.** Number of new or improved innovation models (biological, economic, business, management, etc.), technologies, networks, products, processes, etc. developed for specialty crop entities including producers, processors, distributors, etc.:      .

**Outcome 5, Indicator 2.** Number of innovations adopted:      .

**Outcome 5, Indicator 3.** Number of specialty crop growers/producers (and other members of the specialty crop supply chain) that have increased revenue expressed in dollars:      .

**Outcome 5, Indicator 4.** Number of new diagnostic systems analyzing specialty crop pests and diseases:      . [Diagnostic systems refer to, among other things: labs, networks, procedures, access points.]

**Outcome 5, Indicator 5.** Number of new diagnostic technologies available for detecting plant pests and diseases:      . [The intent here is not to count individual pieces of equipment or devices, but to enumerate technologies that add to the diagnostic capacity.]

**Outcome 5, Indicator 6.** Number of first responders trained in early detection and rapid response to combat plant pests and diseases:      .

**Outcome 5, Indicator 7.** Number of viable technologies/processes developed or modified that will increase specialty crop distribution and/or production     .

**Outcome 5, Indicator 8.** Number of growers/producers that gained knowledge about science-based tools through outreach and education programs     .

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

**Outcome 6, Indicator 1.** Number of viable technologies developed or modified for the detection and characterization of specialty crop supply contamination from foodborne threats:      .

**Outcome 6, Indicator 2.** Number of viable prevention, control and intervention strategies for all specialty crop production scales for foodborne threats along the production continuum:      .

**Outcome 6, Indicator 3.** Number of individuals who learn about prevention, detection, control, and intervention food safety practices and number of those individuals who increase their food safety skills and knowledge:      .

**Outcome 6, Indicator 4.** Number of improved prevention, detection, control, and intervention technologies:      .

**Outcome 6, Indicator 5.** Number of reported changes in prevention, detection, control, and intervention strategies:      .

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

**Outcome 7, Indicator 1.** Number of projects focused on increased understanding of fecal indicators and pathogens:      .

**Outcome 7, Indicator 2.** Number of projects focused on increased safety of all inputs into the specialty crop chain:      .

**Outcome 7, Indicator 3.** Number of projects focused on increased understanding of the roles of humans, plants and animals as vectors:      .

**Outcome 7, Indicator 4.** Number of projects focused on increased understanding of pre-harvest and postharvest process impacts on microbial and chemical threats:      .

**Outcome 7, Indicator 5.** Number of growers or producers obtaining on-farm food safety certifications (such as Good Agricultural Practices or Good Handling Practices):      .

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

**Outcome 8, Indicator 1.** Number of new rural careers created:      .

**Outcome 8, Indicator 2.** Number of new urban careers created:      .

**Outcome 8, Indicator 3.** Number of jobs maintained/created:      .

**Outcome 8, Indicator 4.** Number of small businesses maintained/created:      .

**Outcome 8, Indicator 5.** Increased revenue/increased savings/one-time capital purchases (in dollars): $     .

**Outcome 8, Indicator 6.** Number of new beginning farmers who went into specialty crop production:      .

**Outcome 8, Indicator 7.** Number of socially disadvantaged famers who went into specialty crop production:      .

## 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 Total** |  |  |  |
|  |  |  |  |

## 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** |  |

|  |  |
| --- | --- |
| Grant Program Accounting System & Financial Capability Questionnaire |  |

# Purpose

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302 [Standards for Financial and Program Management](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML%20-%20se2.1.200_1205#sg2.1.200.d.sg1). The responses to this questionnaire are used to assist in the Maryland Department of Agriculture’s evaluation of your accounting system to ensure the adequate, appropriate, and transparent use of Federal funds. Failure to comply with the criteria outlined in the regulations above may preclude your organization from receiving an award.

# Organization Information

**Legal Organization Name**:

**D-U-Ns Number**:

# Financial Stability and Quality of Managment Systems

|  |  |  |
| --- | --- | --- |
| **Requirement** | **Yes** | **No** |
| 1. Has your organization received a Federal award within the past 3 years? |  |  |
|  |  |  |
| 1. Does your organization utilize accounting software to manage your financial records? |  |  |
|  |  |  |
| 1. Does your accounting system identify the receipt and expenditure of program funds separately for each grant? |  |  |
|  |  |  |
| 1. Does your organization have a dedicated individual responsible for monitoring organizational funds, such as an accountant or a finance manager? |  |  |
|  |  |  |
| 1. Does your organization separate the duties for staff handling the approval of transactions and the recording and payment of funds? |  |  |
|  |  |  |
| 1. Does your organization have the ability to specifically identify and allocate employee effort to an applicable program? |  |  |
|  |  |  |
| 1. Does your organization have a property /inventory management system in place to track location and value of equipment purchased under the award? |  |  |

# Audit Reports and Findings

|  |  |  |  |
| --- | --- | --- | --- |
| **Requirement** | | **Yes** | **No** |
| 1. Has your organization been audited within the last 5 fiscal years? *(If the answer is “Yes” and this report was issued under the Single Audit Act please note this in the box below marked “Additional Information” and if not issued under the “*Single Audit Act”, *please attach a copy or provide a link to the audit report in the Hyperlink space below).* | |  |  |
|  | |  |  |
| 1. **If your organization has been audited within the last 5 fiscal years, was there a “Qualified Opinion” or an “Adverse Opinion”?** | |  |  |
|  | |  |  |
| 1. **If your organization has been audited within the last 5 fiscal years, was there a “Material Weakness” disclosed?** | |  |  |
|  | |  |  |
| 1. **If your organization has been audited within the last 5 fiscal years, was there a “Significant Deficiency” disclosed?** | |  |  |
|  | |  |  |
| Hyperlink (if available): |  | | |
| Additional information including expanding on responses in previous sections: | | | |
|  | | | |

# Applicant Certification

I certify that the above information is complete and correct to the best of my knowledge.

|  |  |
| --- | --- |
| **Authorized Representative’s Signature and Date** | |
| **Name:** | |
| **Phone:** |  |
| **Email:** |  |