**APPLICATION GUIDELINES**

# SCBGP PROJECT PROFILE TEMPLATE

Completed applications must include a signed Acknowledgement form and a narrative explaining how grant funds will be utilized to enhance the competitiveness of specialty crops. Topics that are to be addressed in each section of the narrative are listed. Please address all topics listed. Incomplete narratives will not be accepted. The following format is to be followed:

**APPLICANT INFORMATION**

Name of Applicant (or lead agency in the case of multi-agency projects) administering the project Name of Project Coordinator

Mailing Address Telephone

Fax

Email Address

Organizational Data Universal Numbering System (DUNS or Unique Entity Identifier (UEI) number This is required before funds can be awarded to any organization.

Note: On April 4, 2022, the Federal government will stop using DUNS and start using a Unique Entity Identifier created in SAM.gov. For more information, please visit [gsa.gov/entityid.](https://www.gsa.gov/about-us/organization/federal-acquisition-service/office-of-systems-management/integrated-award-environment-iae/iae-systems-information-kit/unique-entity-identifier-update)

**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**

*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.

**PRIORITY AREA**

Identify which priority area is the main focus of this proposed project.

**PROJECT PURPOSE**

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

Clearly state the purpose of each project. The purpose should include the specific issue, problem, interest, or need to be addressed and why the project is important and timely.

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.* ***Please note that you will report on the status of completion of these objectives on the Annual and Final Reports.***

**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** ☐

**Who are the specialty crop beneficiaries of the project?**

**How will the project benefit the specialty crop beneficiaries?**

**Please detail how you will disseminate results of the project to the beneficiaries.**

**What is the potential economic impact of the project if it can be estimated?**

**STATEMENT OF SOLELY ENHANCING SPECIALTY CROPS**

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that this project **solely** enhances thecompetitiveness of specialty crops in accordance with and defined by [7 U.S.C. 1621](http://uscode.house.gov/view.xhtml?req=(title%3A7%20section%3A1621%20edition%3Aprelim)%20OR%20(granuleid%3AUSC-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**

**Does this project continue the efforts of a previously funded SCBGP project? Yes** ☐ **No** ☐

*If “yes,” please address the following:*

PROVIDE THE AWARD NUMBER(S) AND PROJECT TITLES PREVIOUSLY FUNDED

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.**

**WORK PLAN**

This section will address the activities that are necessary to accomplish the project objectives, who will do the work, and when the activities will be accomplished. The following shall be addressed in this section:

* + Project Activity: Describe the project activities that are necessary to accomplish the objectives. Make sure you include your performance monitoring/data collection activities. If outcomes will be measured outside of the grant period, indicate how the monitoring will occur after the grant period ends.
	+ Include a timeline that indicates when each activity will occur (at least month and year) and beginning and end dates for the project. Make sure the work plan timeline shows that the project will be completed within the allowable grant period.
	+ Indicate the project participants who will do the work of each activity. If collaborative agreements or subcontracts are used, make sure to specify their role and responsibilities in performing project activities. If you request funds for travel, these activities must also be included.

**EXTERNAL PROJECT SUPPORT**

*Describe the specialty crop stakeholders who support this project and why (other than the applicant and organizations involved in the project).* **Must include at least one letter of support to demonstrate that projects are grower/industry driven.**

**EXPECTED MEASURABLE OUTCOMES**

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

*You must choose at least one of the seven outcomes listed in the* [*SCBGP Performance Measures*](https://www.ams.usda.gov/sites/default/files/media/SCBGPPerformanceMeasures.pdf)*, which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the SCBGP on a national level (see Attachment II).*

OUTCOME MEASURE(S)

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

* **Outcome 1:** Increasing Consumption and Consumer Purchasing of Specialty Crops
* **Outcome 2**: Increasing Access to Specialty Crops and Expanding Specialty Crop Production and Distribution
* **Outcome 3**: Increase Food Safety Knowledge and Processes
* **Outcome 4**: Improve Pest and Disease Control Processes
* **Outcome 5**: Develop New Seed Varieties and Specialty Crops
* **Outcome 6**: Expand Specialty Crop Research and Development
* **Outcome 7**: Improve Environmental Sustainability of Specialty Crops

OUTCOME INDICATOR(S)

*Provide at least one indicator listed in the* [*SCBGP Performance Measures*](https://www.ams.usda.gov/sites/default/files/media/SCBGPPerformanceMeasures.pdf) *and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.*

**FOR EXAMPLE:**

**Outcome 1, Indicator 1.1a**

Total number of consumers who gained knowledge about specialty crops, Adults 132.

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 each outcome and indicator you chose above.*

**BUDGET NARRATIVE**

*All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP (see Attachment III).*

|  |
| --- |
| **Budget Summary** |
| **Expense Category** | **Funds Requested** |
| **Personnel** |  |
| **Travel** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Contractual** |  |
| **Other** |  |
| **Direct Costs Subtotal** |  |

**Total Budget**

PERSONNEL

*Applicants may request funds for personnel, intermittent labor, etc. whose time and effort can be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops.*

* *Allowable as part of employee compensation for personnel services in proportion to the amount of time or effort an employee devotes to the grant-supported project or program during the period of performance under the Federal award, including salaries, wages, and fringe benefits. Such costs must be incurred under formally established policies of the organization, be consistently applied, be reasonable for the services rendered, and be supported with adequate documentation. Salary and wage amounts charged to grant-supported projects or programs for personal services must be based on an adequate payroll distribution system that documents such distribution in accordance with generally accepted practices of like organizations. Standards for payroll distribution systems are contained in the applicable cost principles (other than those for for-profit organizations).*
* *Unallowable for salaries, wages, and fringe benefits for project staff who devote time and effort to activities that do not meet the legislated purpose of the grant program.*

*Intermittent Labor:(meaning labor for irregular intervals, not full-time, continuous, or steady), for hourly positions. Labor hired are meant to assist the PI to aid in planting, maintaining, and harvesting, etc. in projects that heavily rely on research through extensive field plots and trials. Workers can only be paid for work that directly relates to the specialty crop block grant project so only specialty crops are benefiting.*

*University Applicants may request funds for a Graduate Student Assistantship to assist the PI in specialty crop research and extension. Funds for Graduate Assistantship must solely be for specialty crop work, or applicant must show funds from another source if the grant is to only partially fund the graduate student.*

*All requests are subject to approval and must include the following:*

* + *Description of type of personnel requested and the tasks the person(s) will do, estimate of number to hire, estimate of number of hours for each task, the hourly wage proposed and the fringe rate (if required to comply by your institution’s regulations, if so please detail).*
	+ *All requests will be required to provide documentation, if awarded, to include but not limited to: hours worked in pay period, and details of work provide*
	+ ***Requests for personnel/fringe cannot exceed 30% of the total budget.***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Name** | **Description of work/tasks** | **Level of Effort (#of hours of****% FTE)** | **Hourly wage rate, if applicable** | **Funds Requested** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |

**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 by copying and pasting the existing listing or deleting those that aren’t necessary.*

**Personnel 1:**

**Add other Personnel as necessary**

FRINGE BENEFITS

*Provide the fringe benefit rates for each of personnel described in the above section, if required, that will be paid with SCBGP funds.*

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

**Fringe Subtotal**

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* [*https://www.gsa.gov/travel-resources*](https://www.gsa.gov/travel-resources)*. See Attachment III, Allowable and Unallowable Costs and Activities, Travel, and Foreign Travel for further guidance.*

*Travel expenses will be limited to cover the expenses of a maximum of two travelers per trip.*

*Travel to conferences/meetings that are not solely related to specialty crops, must provide justification that the project will benefit from these activities (i.e. presentation on project results).*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **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 |  |  |  |  |  |  |  |

**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 travelpolicies 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. See Attachment III, 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 Attachment III, 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 |  |  |  |  |

**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

*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 Attachment III, Allowable and Unallowable Costs and Activities, Supplies and Materials.*

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

**Supplies Subtotal**

SUPPLIES JUSTIFICATION

*Describe the purpose of* ***each*** *supply as individually 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 |  |  |  |

**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* [*https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/*](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/)*), provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See Allowable and Unallowable Costs and Activities, (Attachment III) 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 samepolicies 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](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML&se2.1.200_1317), 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 Attachment III, Allowable and Unallowable Costs and Activities, Meals for further guidance.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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**

**ACKNOWLEDGEMENT**

*The Acknowledgement must be signed by the authorized representative(s) of the proposing organization.*

I/we the undersigned applicants, of

*(Name/names)*

 , Mississippi, hereby apply for Specialty Crop Block Grant Program

*(City/cities)*

Funds under the terms and conditions of the Mississippi Department of Agriculture and Commerce and the United States Department of Agriculture, in the amount of $ .

*(Amount requested)*

The undersigned hereby warrants to the State of Mississippi 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 MDAC.

The undersigned understands that the selection will be determined by MDAC based on criteria designed to enhance the competitiveness of specialty crops in Mississippi. 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:

Signed: Date: Print: Title:

Signed: Date: Print: Title:

Completed application packets must be **received by 5:00 p.m. on March 20, 2024. No late applications will be accepted.** An electronic version of the application, in Microsoft Word format, is required. If you do not have access to internet and need to submit a hard copy, please have it mailed in time to meet the March 20, 2024, deadline and let me know in advance.

**E-Mail completed applications to:**

Susan Lawrence, Specialty Crop Block Grant Program Mississippi Department of Agriculture and Commerce

Email: susan@mdac.ms.gov

Phone: (601) 213-7542 or (601) 359-1196