



# Farm to School: Grant Application

Division of Food and Nutrition

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**Date:** \_\_\_\_\_

**Organization Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Street City State Zip Code

**Physical Address:** \_\_\_\_\_

Street City State Zip Code

**Unique Entity Identifier (UEI):** \_\_\_\_\_

**State Vendor Number:** \_\_\_\_\_

(Note: State Vendor IDs typically start with a T or D followed by eight digits. Visit <https://controller.nv.gov/VendorDB/VendorRegistrationReq/> to register for a State Vendor ID if needed.)

## Grant Contact Information:

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Total Funds Requested:** \_\_\_\_\_

**Organization / Background (15 points)**

- Eligibility Requirements: 5 points possible
- Experience/Services Provided: 10 points possible

*(Provide details on your organization, including any experience with Farm to School, outreach, outcomes of current projects. Include if you have you done similar work for which you are applying; what size/scale have your past projects been? If you are awarded, will there be the capacity and previous experience to implement the project as you propose? Please include the population served and demographics relevant to your project, etc.)*

**Project Description (65 points)**

- Project Title, Requested Dollar Amount, Target Audience, and Location of Project Implementation: 5 points possible
- Brief Summary of Project: 20 points possible
- Project Type: 15 points possible
- Anticipated Project Impact: 25 points possible

*(Project title, requested dollar amount, target audience, and the location of project implementation including specific school information as applicable; Provide a summary of what project activities are planned, how requested items will be used for project goals; Anticipated project impact including targeted outcomes and how the proposed project will impact your existing F2S programming; how will you evaluate success?)*

**Budget Narrative (20 points)**

- Brief Description: 10 points possible
- Summary of Expenses: 5 points possible
- Justification of Expenses: 5 points possible

*(Must demonstrate a clear and strong relationship between (1) the project’s expenses, (2) the project’s goals and activities, and (3) the impact / targeted outcome. The budget narrative should be detailed and focus on efficient use of funds. The narrative should focus on explaining expenses, not simply listing or summarizing them. From the budget narrative, the reviewer should be able to assess how the budget expenditures relate directly to the specific activities and how the successful project will reach those outcomes.)*

**Budget Narrative – Summary of Expenses (5 points)**

*All expenses included below must be allowable expenses to be covered by the sub grant award.*

Expense Category	Funds Requested	Total
Personnel		
Travel		
Operating/Supplies		
Equipment		
Contractual/Consultant		
Training		
Other (please specify)		
Direct Costs Subtotal		\$
Indirect Costs		
<b>Total Budget</b>		<b>\$</b>

**Budget Narrative – Justification of Expenses (5 points)**

List out proposed grant expenses and provide an explanation for each of the applicable categories below.

**PERSONNEL**

Include anticipated staff time/salary spent on grant activities.

Personnel	Narrative Explanation	Funds Requested
Personnel Total:		\$

**TRAVEL**

Include travel costs associated with grant activities, must follow U.S. General Services Administration (GSA) rates, <https://www.gsa.gov/travel>

Travel	Narrative Explanation	Funds Requested
Travel Total:		\$

**OPERATING/SUPPLIES**

List the materials and/or supplies costing less than \$5,000 per unit and describe how they will be used to achieve the grant objectives. Includes direct costs associated with grant activities.

Item Description	Cost Per Unit	# of Units Requested	Date will Acquire?	Funds Requested
<b>Supplies Total</b>				\$

**Supplies Justification:** For each material or supply item listed in the above table, describe the purpose and necessity, and how this item will be used to achieve the objectives and outcomes of the grant request. If additional space is needed, please submit as an attachment.

Supply/material:
Supply/material:
Supply/material:
Supply/material:

**EQUIPMENT**

*Include equipment purchases to support grant activities with a useful life of over 1 year and that cost over \$5,000.*

Item Description	Date will acquire?	Three (3) Quotes obtained?	Funds Requested
<b>Equipment Total</b>			\$

**Equipment Justification:** *For each equipment item listed in the above table, describe how this equipment will be used to achieve the objectives and outcomes of the grant request. If additional space is needed, please submit as an attachment.*

Equipment 1:
Equipment 2:
Equipment 3:

**CONTRACTUAL/CONSULTANT**

*Includes grant activities that may require additional contracts or consultants to perform work.*

Contractual	Narrative Explanation	Funds Requested
<b>Contractual Total:</b>		\$

**TRAINING**

*Describe grant activities that may require staff attend or participate in additional training.*

Training	Narrative Explanation	Funds Requested
<b>Training Total:</b>		\$

**OTHER**

*Include all expenses not included above.*

Other	Narrative Explanation	Funds Requested
<b>Other Total:</b>		\$

**INDIRECT COSTS**

*Include costs associated with grant processing that are non-direct expenses.*

Indirect Costs	Narrative Explanation	Funds Requested
Indirect Costs Total:		\$

**Additional Information:**

*Please provide the following information as applicable.*

- Letters of support from schools or community partners.
- Three quotes for each equipment item included above.
- Any other supporting documentation that will be used to achieve the objectives and outcomes of the grant request.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

This institution is an equal opportunity provider.