

# SCBGP PROJECT PROFILE TEMPLATE

## 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.

## Project Purpose

Provide the Specific Issue, problem or need that the project will address. How will this project enhance the competitiveness of specialty crops? How is the project timely? How will the project have multiple beneficiaries?

## 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:**

**Objective 3:**

**Objective 4:**

**Add other objectives as necessary**

## Project Beneficiaries

**Estimate the number of project beneficiaries:**.....Enter the Number of Beneficiaries

**Who are the beneficiaries and how will they directly and/or indirectly benefit from the project?**

**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

### **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](#).

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**

1. 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 potential project improvements
2. **What was previously learned from implementing this project, including potential improvements?**
3. **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?**
4. 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**

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

### **Expected Measurable Outcomes**

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

You must choose at least one of the eight outcomes listed in the [SCBGP Performance Measures](#), which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the SCBGP on a national level.

#### **Outcome Measure(s)**

Select the outcome measure(s) that are 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 through 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)**

Provide at least one indicator listed in the [SCBGP Performance Measures](#) and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator. Do not group indicators! They must be broken out for each outcome selected.

#### **FOR EXAMPLE:**

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

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

#### **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 the outcome and indicator in the space below. This needs to be reported for each outcome.

**Work Plan**

- Please format as a table, see below for an example
- Does the work plan adequately describe the activities necessary to accomplish the project objectives?
- Does the work plan indicate who will do the work of each activity, including sub grantees, and/or contractors?
- Does the work plan include the performance monitoring/data collection plan activity described in the expected measureable outcome section?
- Does the work plan include timelines for each activity (at least month and year) and beginning and end dates for the project?
- Does the timeline show that the project will be completed within the grant period?

| <i>Project Activity</i>                        | <i>Who's Responsible</i> | <i>Timeline</i> |
|--|--------------------------|-----------------|
| Circulate survey for baseline data on SC sales | John Doe                 | July 2019       |
|  |                          |                 |
|  |                          |                 |
|  |                          |                 |

**Budget Narrative**

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP. If any matching funds will be used and a description of their use is required by the State department of agriculture, the expenses to be covered with matching funds must be described separately. Applicants should review the Request for Applications Funding Restrictions prior to developing their budget narrative.

| <b>Budget Summary</b>   |                        |
|-------------------------|------------------------|
| <b>Expense Category</b> | <b>Funds Requested</b> |
| <b>Personnel</b>        |                        |
| <b>Fringe Benefits</b>  |                        |
| <b>Travel</b>           |                        |
| <b>Equipment</b>        |                        |
| <b>Supplies</b>         |                        |

|                              |  |
|------------------------------|--|
| <b>Contractual</b>           |  |
| <b>Other</b>                 |  |
| <b>Direct Costs Subtotal</b> |  |
| <b>Indirect Costs</b>        |  |

|                     |  |
|---------------------|--|
| <b>Total Budget</b> |  |
|---------------------|--|

**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) | Funds Requested |
|---|------------|---------------------------------------|-----------------|
| 1 |            |                                       |                 |
| 2 |            |                                       |                 |
| 3 |            |                                       |                 |
| 4 |            |                                       |                 |

|                           |  |
|---------------------------|--|
| <b>Personnel Subtotal</b> |  |
|---------------------------|--|

**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 SCBGP funds.

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

|   |  |  |  |
|---|--|--|--|
| 3 |  |  |  |
| 4 |  |  |  |

|                        |  |
|------------------------|--|
| <b>Fringe Subtotal</b> |  |
|------------------------|--|

**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 <http://www.gsa.gov>. Visit <https://www.ams.usda.gov/sites/default/files/media/AMSGrantsTermsandConditions.pdf> for more information on Allowable and Unallowable Costs and Activities, Travel, and Foreign Travel for further guidance.

| # | 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 |                  |  |                                       |            |               |                                     |                 |

|                        |  |
|------------------------|--|
| <b>Travel Subtotal</b> |  |
|------------------------|--|

**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](#) or [48 CFR subpart 31.2](#) 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. Visit

<https://www.ams.usda.gov/sites/default/files/media/AMSGrantsTermsandConditions.pdf> for

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.

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

|                           |  |
|---------------------------|--|
| <b>Equipment Subtotal</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 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. Visit <https://www.ams.usda.gov/sites/default/files/media/AMSGrantsTermsandConditions.pdf> for Allowable and Unallowable Costs and Activities, Supplies and Materials, Including Costs of Computing Devices for further information.

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

|                          |  |
|--------------------------|--|
| <b>Supplies Subtotal</b> |  |
|--------------------------|--|

**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 | Funds Requested |
|---|-------------------|-----------------------|-----------------|
| 1 |                   |                       |                 |
| 2 |                   |                       |                 |
| 3 |                   |                       |                 |
| 4 |                   |                       |                 |

|  |  |
|--|--|
| <b>Contractual/Consultant Subtotal</b> |  |
|--|--|

**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/>), provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other 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](#), 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 Request for Applications Allowable and Unallowable Costs and Activities, Meals for further guidance.

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

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|--|--|--|--|--|

|                       |  |
|-----------------------|--|
| <b>Other Subtotal</b> |  |
|-----------------------|--|

**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.

| <b>Source/Nature of Program Income</b> | <b>Description of how you will reinvest the program income into the project to solely enhance the competitiveness of specialty crops</b> | <b>Estimated Income</b> |
|--|--|-------------------------|
|  |  |                         |
|  |  |                         |
| <b>Program Income Total</b>            |  |                         |

## **Financial Management Assessment (Include under Budget Narrative)**

Address the following questions with your budget narrative:

1. Please detail your organization's current sources of funding (including other NDA contracts and grants), identify the funding agency, the program name, the types of funds (i.e. Federal, State, local, private, etc.).
2. Are you currently seeking other funds from the Nevada Department of Agriculture through RFA's or RFP's. If yes, please list.
3. Has your organization administered programs similar to your current grant proposal? If yes, please list and explain.
4. How many years has your organization been in existence?
5. How many total Full Time Equivalents (FTE)s are there in your organization?
6. How many total FTE perform accounting functions within your organization?
7. How are the financial records maintained to identify the source/revenue and program/expenditure of funds?
8. How will sub-grant funds accounted for separately from other funding sources in your organization's accounting records?
9. This sub-grant will be on a cash reimbursement basis. What will your organization's source of cash be and how will your organization manage its cash flow between the time costs are incurred and reimbursed?

**Authorization**

By signing this Application, the Authorizing Agent is guaranteeing that the information contained in this Application is correct and verifiable. The Authorizing Agent is also affirming that the funds requested herein will be used for the specific purpose outlined in this Application and for no other purpose. (Attach a resolution of the governing body of the applicant organization, authorizing this person to submit the application in the name of the organization.)

Name of Requesting Entity: \_\_\_\_\_

Name of Authorizing Agent: \_\_\_\_\_

Title of Authorizing Agent: \_\_\_\_\_

Address of Authorizing \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature of Authorizing Agent: \_\_\_\_\_

Date:

Date and Initial \_\_\_\_\_

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**Disclosure:** By signing this section you are certifying that all the enclosed information is not in conflict with any other federal funding, dually funded, or previously funded by any other federal source.