

# 2017 SPECIALTY CROP BLOCK GRANT APPLICATION

Name of Organization:

Department:

Address:  Ste./Floor:

City:  County:  State:  Zip:

Federal Tax ID#:  DUNNS #:

Is your organization registered with the IRS as a 501(c)3?  Yes  No

Grant Management Contact Name:

Phone#:  Fax#:

Email:

Project Coord. Contact Name:   Same as above

Phone #:  Fax#:

Email:  Start & End Dates:

Project Title (15 words or less):

Total Project Cost:

Grant Amt. Requested:  Match Amt.:  Match Type:

*Certification: I certify to the best of my knowledge that the information in this application is true and correct and that I am legally authorized to sign and submit this application on behalf of this organization, which is legally eligible to enter into a grant contract.*

Yes  No Initials:  Date:

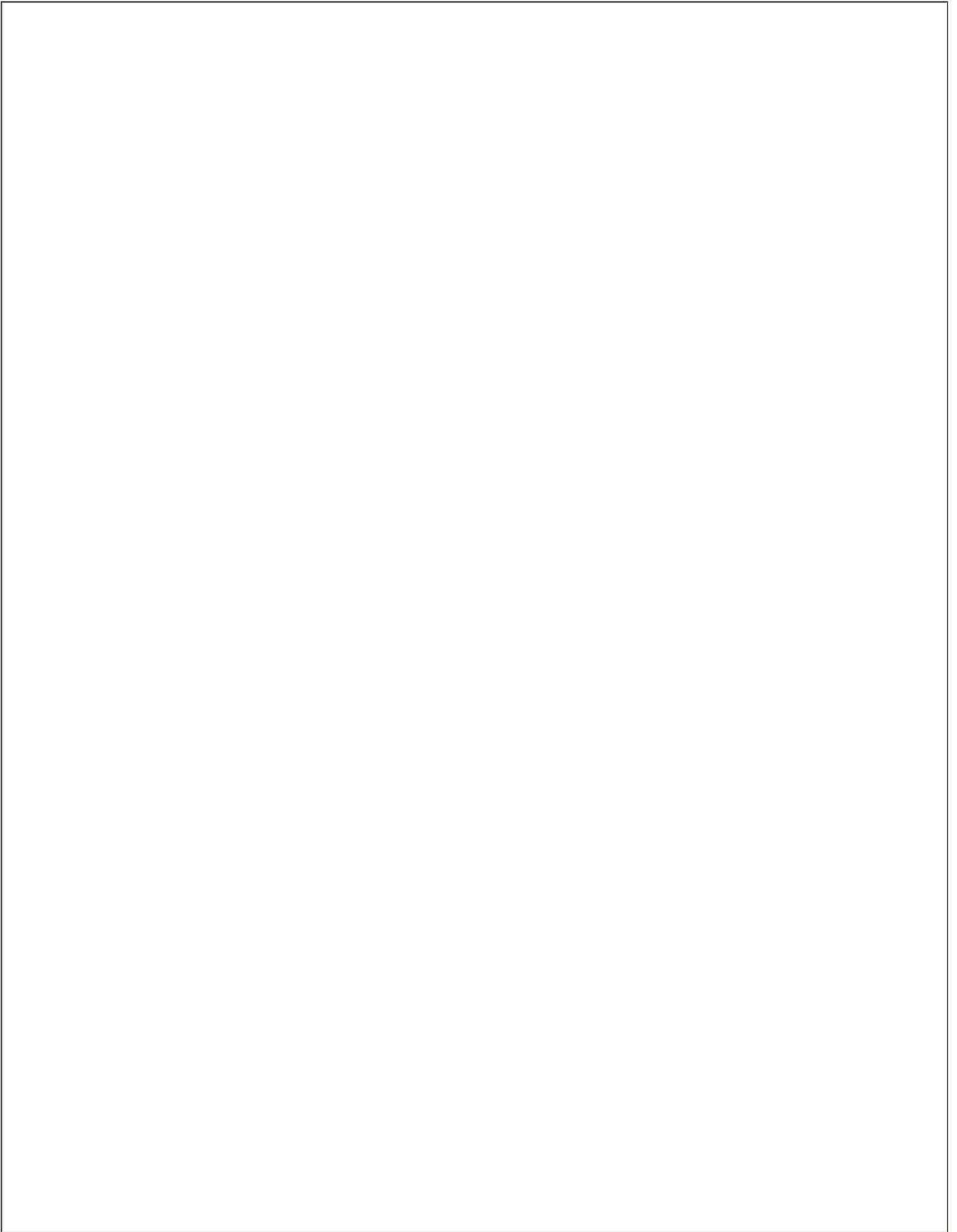
*Return application with all attachments to: Lori Panda at panda@agri.ohio.gov  
Applications are due by 4 pm on Friday, May 5.*

**NOTE:** Save the application as a Word document as you will be required to submit a Word document to ODA if your project is approved.

**Project Partner and Summary:** Include a summary of **250 words or less** suitable for dissemination to the public. The summary provides a very brief (one sentence, if possible) description of your project to include: *1. The name of applicant to lead and execute the project; 2. concise outline of the outcome(s); 3. Description of general tasks completed during the project period to fulfill the 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. (3000 characters with spaces; following page 4000 characters)



**Project Purpose:** Provide a listing of the objectives that this project hopes to achieve. *Indicate each objective by numbering them as follows: Objective 1; Objective 2 and so on. (4000 characters w/spaces; following page 3000 characters)*

**Project Beneficiaries:** Estimate the number of beneficiaries. *Does this project directly benefit socially disadvantaged farmers as defined in the RFA? Yes or No*

*Does this project directly benefit beginning farmers as defined in the RFA? Yes or No*

**Statement of Solely Enhancing Specialty Crops:** Please make a statement below confirming this project **solely** enhances the competitiveness of specialty crops in accordance with the 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/scbgrp](http://www.ams.usda.gov/services/grants/scbgrp)

**Continuation Project Information:** If your project is continuing the efforts of a previously funded SCBG project, address the following:

*Describe how this project will differ from and build on the previous efforts. (2500 characters w/spaces)*

**Continuation Project Information:** Provide a summary (3-5 sentences) of the outcomes of the previous efforts.

**Continuation Project Information:** 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? (3000 characters with spaces; 1500 on the next page)*

**Continuation Project Information:** Describe the likelihood of the project becoming self-sustaining and not indefinitely dependent on grant funds. *(2000 characters with spaces)*

**Support from Federal or State Grant Programs:** The SCBGP will not fund duplicate projects. *Please indicate below if you submitted this project to a Federal or State grant program (name specific grant) other than the SCBG. Is a Federal or State grant program other than the SCBG currently funding the **project**? If yes, please name the grant and describe how the SCBG project differs from or supplements the other grant program's efforts.*

**External Project Support:** Describe the specialty crop stakeholders who will support this project and why (other than the applicant and organizations involved in the project). (1450 characters with spaces)

**Expected Measurable Outcomes:** Select the appropriate outcomes and indicators/sub-indicators below. (You must choose at least **1 of the 8 outcomes listed below** to evaluate the performance of the SCBG project on a national level.) The Expected Measurable Outcomes and Outcome Indicators are also listed in the SCBGP Performance Measures which is attached to the RFP. (1500 characters with spaces; following page 5000 characters)

**Outcome 1:** Enhance the competitiveness of specialty crops through increased sales. (Required for all 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.

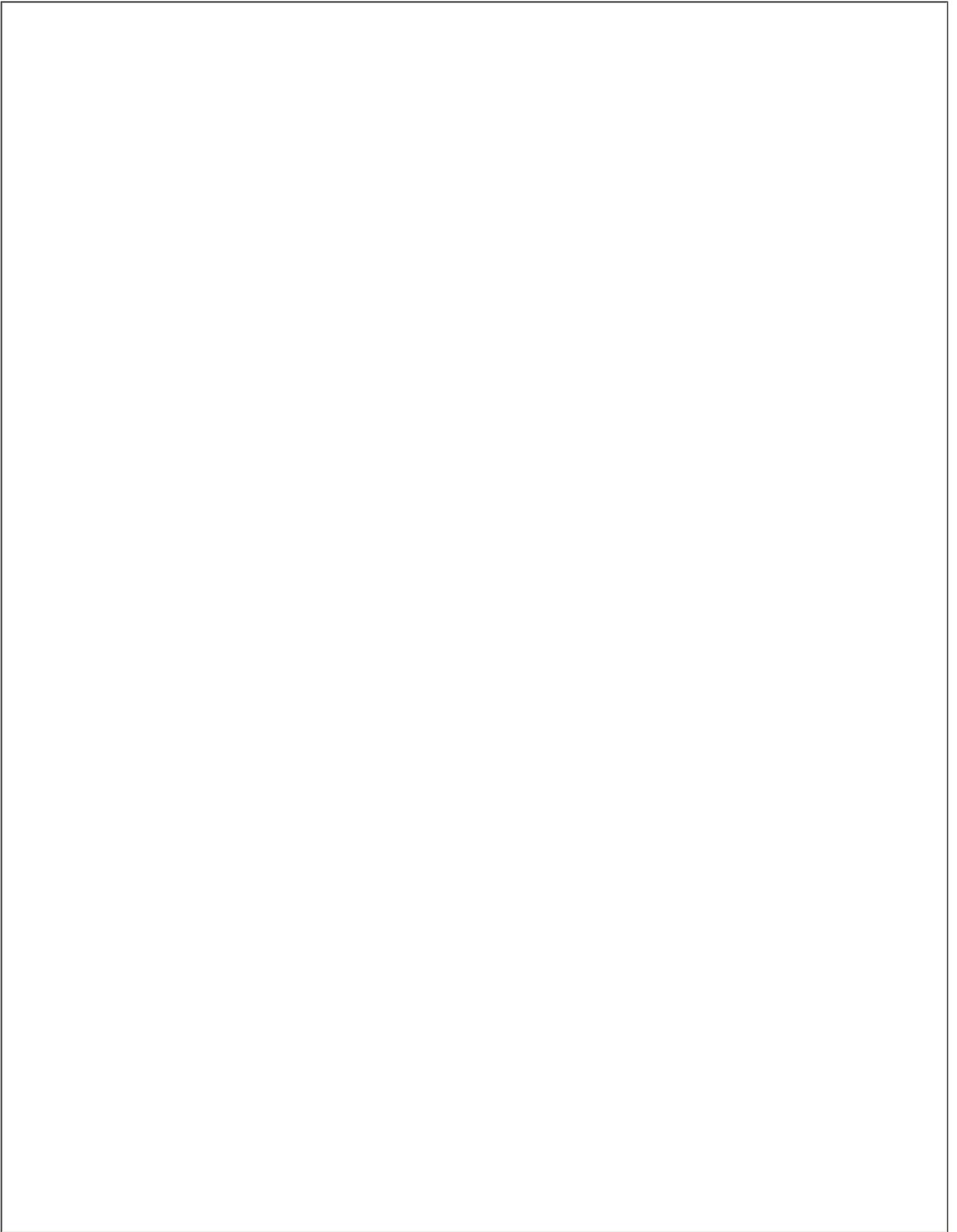
**Outcome 7:** Enhance the competitiveness of specialty crops through increased understanding of the ecology of threats to food safety from microbial and chemical sources.

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

**Outcome Indicators:** Provide *at least 1 Indicator* under the corresponding Measurable Outcome along with the related quantifiable result. These are listed in the SCBGP Performance Measures which is attached to the RFP. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

*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.



**Miscellaneous Outcome Measure:** In the unlikely event that the outcomes and indicators suggested by AMS 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. *(5000 characters with spaces)*

**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. *(5000 characters with spaces)*

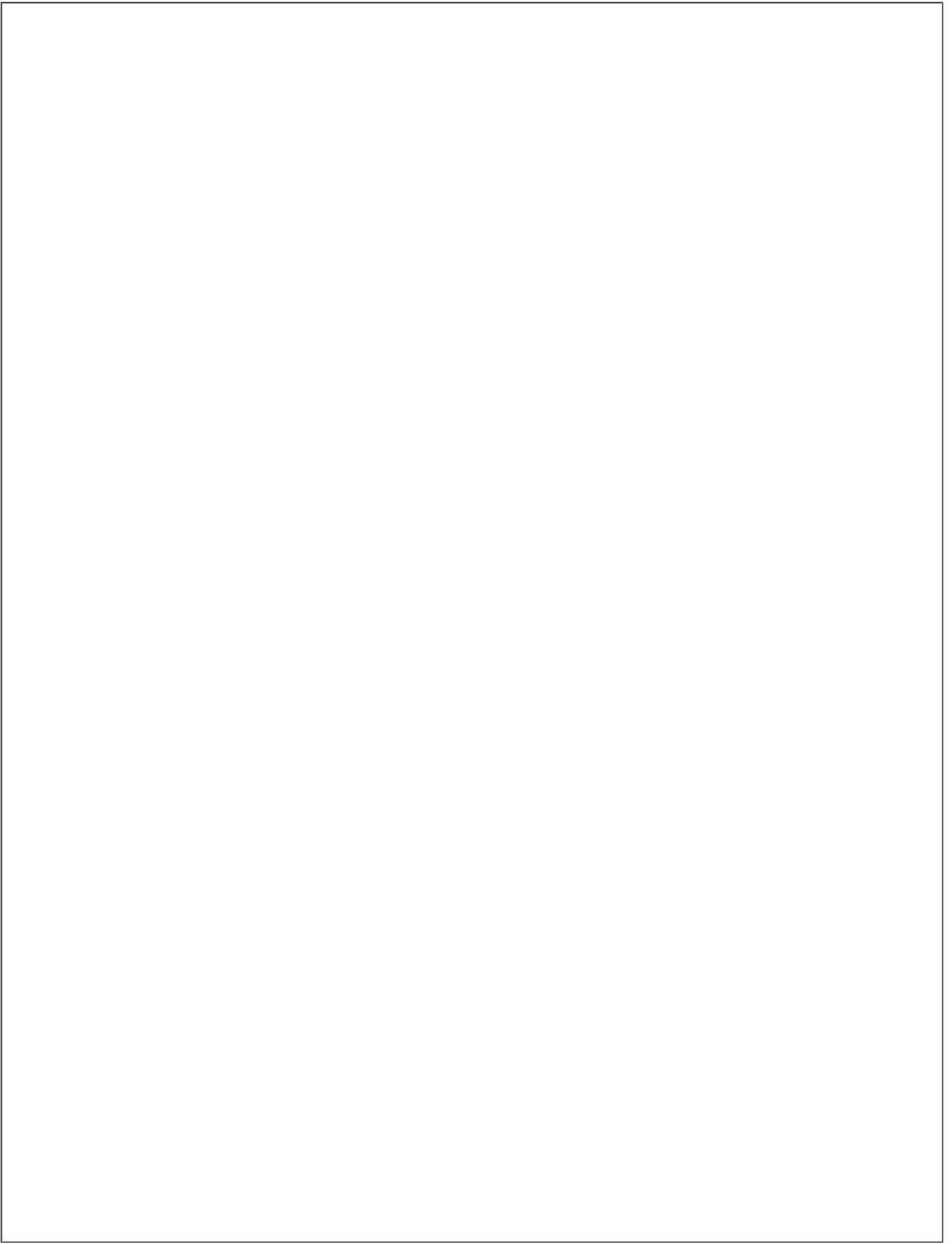
**Budget Narrative:** All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP. ODA requires a 25% match and those expenses covered by the match must be described and submitted separately. Applicants must review the Request for Applications section 4.6 Funding Restrictions prior to developing their budget narrative. ODA does not permit purchases of equipment which is an expenditure over \$5,000 per unit.

Type of Expense	Grant amount Requested
<i>Personnel</i>	
<i>Fringe Benefits</i>	
<i>Travel</i>	
<i>Supplies</i>	
<i>Contractual Services</i>	
<i>Other (ie: advertising, etc.)</i>	
<i>Program Income</i>	
<b>Total</b> (less program income)	

**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. See the Request for Applications section 4.6.2 Allowable and Unallowable Costs and Activities. Indirect costs are not allowed.

Personnel	Name & Title	Number of hours or % FTE	Funds Requested
1			
2			
3			
4			
5			
6			
7			
<b>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. *Example: Personnel 1: John Smith, researcher will perform xyz test in the first quarter of the project which will take a total of 100 hours. (1400 characters w/spaces; next page 5000 characters)*



**Fringe Benefits:** Provide the fringe benefit rates for each of the projects salaried employees described in the Personnel section that will be paid with SCBG funds.

Personnel	Name & Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
4			
5			
6			
7			
<b>Subtotal</b>			

**Travel:** Explain the purpose for each Trip Request. Please note applicants are to follow the State of Ohio's travel rules. Please use the link provided [http://obm.ohio.gov/TravelRule/doc/Revised\\_TravelRule\\_2014-07-01.pdf](http://obm.ohio.gov/TravelRule/doc/Revised_TravelRule_2014-07-01.pdf)

#	Trip Destination	Type of Expense Car, hotel, meals	Unit of Measure days, nights, miles	# of Units	Cost per Unit	# Claiming Expense	Funds Requested
1							
2							
3							
4							
5							
6							
					<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.

*Example: Trip 1 (approximate date of travel month/year) as well as purpose. (950 characters with spaces; next page 2000 characters)*



**Supplies Justification:** Describe the purpose of each supply listed in the table above and how it is necessary for the completion of the project's objectives and outcomes. *(5000 characters with spaces)*

**Contractual/Consultant :** These costs are 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.

Contractual/ Consultant	Name/Organization	Hourly Rate/Flat Rate	Funds Requested
1			
2			
3			
4			
5			
6			
7			
<b>Subtotal</b>			

**Contractual/Consultant Justification:** Describe the project activities each contractor or consultant will accomplish to meet the objectives and outcomes of the project. Include time lines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 10 Federal employee in your area, provide a justification for the expenses. (Visit [www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/](http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/)). This limit does not include fringe benefits, travel, or other expenses. See Request for Applications section 4.6.2 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications. **(2500 characters with spaces; next page 2000 characters)**

*Example: Explain activities under each contractual number below. Contractor #1; Contractor #2 and so on.*



**Other Justification:** Describe the purpose of each item listed in the table above and how it is necessary for the completion of the project's objectives and outcomes. (2000 characters with spaces)

**Program Income:** Program income is gross income -- earned by a grant recipient directly generated by the grant supported activity, or earned only because of the grant agreement during the grant period. 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	Explain how you will reinvest the program income into the project to solely enhance the competitiveness of specialty crops	Estimated Income

**Support Letters**

All proposals must include three letter of support (NO MORE THAN 3) from industry members that confirm a need for this project to be implemented. These letters must be received with the original grant application.

**Appendices**

- This section should include attachments from aforementioned areas including:
- Current resume for each individual working on the project (2 pg. limit)
  - Other evidence of project necessity
  - Copy of IRS 501 (C)3 determination