This form is available electronically.

RMA-301 U.S. DEPARTMENT OF AGRICULTURE (proposal 1) Risk Management Agency					
PROPOSAL SUMMARY					
NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is under section 522(d)(3)(F) of the Federal Crop Insurance Act (Act) (7 U.S.C. 1522(d)(3)(F). The information will be used to monitor cooperative and partnership agreement holders in their performance of tasks specified under the terms of the agreements. The information will also be used by RMA to report educational activity under the Government Performance Results Act. Furnishing the requested information is mandatory. Failure to furnish the requested information will result in the suspension of the project. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.  According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0563-XXXX. The time required to complete this information collection is estimated to average .50 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and, and completing and reviewing the collection of information.					
1. RMA Program Name		2. CFDA Number			
3. Short Project Title (Maximum 15 Words)					
4. Affected Area		5. Funding Requested			
6. Primary Project Objective		1			
7. Administrative Contact		8. Organization			
9. Title of Administrative Contact	10. Telephone Nu	umber	11. Email		
12. Street Address of Administrative Contact	I				
13. City	14. State		15. Zip		
16. Program Manager		17. Organization			
18. Title of Program Manager	19. Telephone Nu	 umber	20. Email		
21. Street Address of Program Manager					
22. City	23. State		24. Zip		
25. (See Instructions listed in RFA, otherwise, Leave Blank)					
26. (See Instructions listed in RFA, otherwise, Leave Blank)					
Proposal Summary (Maximum 250 Words):					
27.					

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	INSTRUCTIONS		
Item Number	INFORMATION TO BE ENTERED		
1	Enter the RMA program name.		
2	Enter the Catalog of Federal Domestic Assistance (CFDA) number of the program under which assistance is requested, as found in the program announcement (RFA), if applicable.		
3	Enter a brief descriptive title of the project (15 words maximum).		
4	List the geographic areas affected using the categories (e.g., specific cities, counties, states, RMA Regional Office etc.) may be specified in the RFA.		
5	Enter the total funding amount requested. For multiple year projects, enter the total of all years.		
6	Enter the primary project objective or special emphasis topic as specified in the RFA.		
7	Enter the name of the administrative person that would be contacted on matters regarding fiscal questions related to the project.		
8	Enter the organization name of the administrative contact person.		
9	Enter the job title of the administrative contact person.		
10	Enter the telephone number of the administrative contact person.		
11	Enter the email address of the administrative contact person.		
12	Enter the street or mailing address of the administrative contact person.		
13	Enter the City of the administrative contact person.		
14	Enter the State of the administrative contact person.		
15	Enter the Zip of the administrative contact person.		
16	Enter the name of the program manager (e.g. principal investigator, project director, etc.) for the project.		
17	Enter the organization name of the program manager.		
18	Enter the job title of the program manager.		
19	Enter the telephone number of the program manager.		
20	Enter the email address of the program manager.		
21	Enter the mailing address of the program manager.		
22	Enter the City of the program manager.		
23	Enter the State of the program manager.		
24	Enter the Zip of the program manager.		
25	Follow instructions listed in the RFA, otherwise, leave blank		
26	Follow instructions listed in the RFA, otherwise, leave blank		
27	Enter the proposal or project summary. It must not exceed 250 words and must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project. This summary must not include any proprietary or confidential information.		