

# TM-29, Farmers' Market Promotion Program (FMPP) – 20\_\_ PROJECT PROPOSAL NARRATIVE FORM AND INSTRUCTIONS

AMS strongly recommends reading the form instructions (below) and FMPP Guidelines before completing this form. The use of this form is voluntary; a project proposal narrative is mandatory. Insert information below; Sections 6 -17 can be expanded, allowing the applicant to include as many lines of text as needed.

1. **Project Title:**

2. **Organization Name:**

3. **Primary Project Manager Name:**

**Mailing Address:**

**Mailing Address:**

**City:**

**State:**

**Zip Code:**

**City:**

**State:**

**Zip Code:**

**E-mail:**

**E-mail:**

**Phone:**

**Fax:**

**Phone:**

**Fax:**

4. **Requested FMPP Funding:**

\$

**Matching Funds** (not required):

\$

5. **EBT, Equipment, Supplies, and Promotional Projects:**

EBT Projects:

- Does the proposal include an EBT component?  Yes  No
- Does the proposal include a **new** EBT project?  Yes  No
- Does the proposal include an **existing** EBT project?  Yes  No
- Does the proposal also include *other* (non-EBT related) activities?  Yes  No

Non-EBT Projects:

- Are there components in the proposal that include the purchase of equipment, supplies, and/or promotional items or services?  Yes  No

6. **Entity Type and Eligibility Statement:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Agricultural cooperative | <input type="checkbox"/> Tribal government                | <input type="checkbox"/> Public benefit corporation        |
| <input type="checkbox"/> Producer network         | <input type="checkbox"/> Nonprofit corporation            | <input type="checkbox"/> Regional farmers market authority |
| <input type="checkbox"/> Producer association     | <input type="checkbox"/> Economic development corporation | <input type="checkbox"/> Local government                  |
| <input type="checkbox"/> Other: _____             |   |  |

**Eligibility Statement:**

7. **Executive Summary** (200 words or fewer):

8. **Goals of the Project:**

9. **Background Statement:**

10. **Workplan and Resource Requirements:**

11. **Expected Outcomes and Project Evaluation:**

12. **Beneficiaries:**

13. **Evaluation Criteria Statements:**

14. **Existing and Pending Support:**

15. **Supplementary Budget Summary** (Only include items to be paid for with FMPP funds. Provide a detailed summary below or download and complete the Supplemental Budget Summary Form and attach to this narrative):

16. **Primary Proposal Activity** (Response required. Indicate one activity only):

17. **Proposal Activity(ies)** (Response required. Check all primary and secondary project activities that the grant will fund. Where applicable, insert appropriate text or number):

<b>Proposal Activity(ies)</b>			
<b>a. FMPP Priorities<sup>1</sup></b>			
Specify Below FMPP Priorities Supported By This Proposal (primary priority followed by all other)			
<b>b. Job Creation</b>			
Number of Jobs <sup>2</sup> Created/Preserved:		Number of New Jobs <sup>3</sup> Created:	
Type of Jobs Created/Preserved (below):		Type of New Jobs Created (below):	
<b>c. Geographical Impact</b>			
Rural Setting (pop. < 2,500)		Multiple Counties (Number of Counties)	
Small Town (pop. ≥ 2,500 and < 10,000)		Statewide	
Urban 1 (pop. ≥ 10,000 and < 50,000)		Multiple States (Number of States)	
Urban 2 (pop. ≥ 50,000)			
If Multiple Counties or States, Please Identify:			
<b>d. Consumer Outreach</b>			
Increases Consumer Awareness		Access for Diverse Customers	
Provides Consumer Training/Education		Supports Low-Income Customers	
Creates a New WIC Program		Supports an Existing WIC Program	
Creates a New SFMNP Program		Supports an Existing SFMNP Program	
Creates a New SNAP Program		Supports an Existing SNAP Program	
Emphasizes Increasing Healthy Food Choices		Supports Eating Fresh Fruits and Vegetables	
		Identify Other:	
Number of Consumers Currently Participating		Number of Additional Consumers Benefiting	
<b>e. EBT / Consumer Outreach and Support</b>			
Involves EBT	Yes	No	Involves -- New EBT
Requires Purchase of EBT Equipment			Existing EBT
Requires EBT Training for Customers			Requires EBT Advertising, Promotion, Mktg
Requires EBT Training for Farmers/Vendors			Requires Customers EBT Outreach/Education
			Requires EBT Training for Market Managers
			Identify Other:
Number of EBT Customers Participating		Number of Add. EBT Customers Benefiting	
<b>f. Farmers/Vendors</b>			
Number of Farmers Currently Participating		Number of Additional Farmers Benefiting	
Number of Other Vendors Participating		Number of Additional Vendors Benefiting	
Involves Beginning Farmers		Involves Minority or Diverse Farmers	

Involves Underserved Farmers/Vendors		Involves Immigrant Farmers	
Involves Recruiting Farmers/Vendors		Involves Retaining Farmers/Vendors	
Recruits Youth as New Farmers/Vendors		Recruits Youth Participation	
Supports Fruit and Vegetable Vendors		Supports Dairy/Cheese Vendors	
Supports Meat Vendors		Supports Fish/Seafood Vendors	
Supports Poultry Vendors		Supports _____ Vendors	
Will Increase Farmers’/Vendor’s Income		Farmers/Vendors Receive Training/Mktg Info	
Purchases Tools/Infrastructure for Fmrs/Vends		Increases Farmer/Vendor Production Capacity	
		Identify Other:	

**g. Farmers Markets**

Supports a New Farmers Market(s)		Supports an Existing Farmer Market(s)	
Number of New Farmers Market(s)		Number of Existing Farmers Market(s)	
Number of New FM Staff		Number of Existing FM Staff	
Involves Facility Planning and Design		Focuses on Market Managers Needs	
Involves/Retains Market Manager(s)		Recruits New Market Manager(s)	
Purchases Non-EBT Equipment (< \$5,000)		Purchases Non-EBT Equipment (> \$5,000)	
Creates/Designs a New Commercial Kitchen		Involves an Existing Commercial Kitchen	
Requires Promotion, Advertising, and Mktg.		Requires Signage	
Requires Insurance Liability Coverage		Supports Green Renewable Technology	
Supports a Recycling Program		Supports a Waste Management Program	
Involves Cooking Demonstrations		Supports Market Technical Assistance	
Requires Recordkeeping Training/Support		FM Management Receive Training/Mktg Info	
		Identify Other:	

**h. Business Practices**

Involves Mkt/Business Expansion Planning		Emphasizes Building FM/Other Capacity	
<i>Creates a New:</i>		<i>Supports an Existing:</i>	
Direct Marketing Program		Direct Marketing Program	
Public Market Program		Public Market Program	
Agri-Tourism Program		Agri-Tourism Program	
Farm-to-School Program		Farm-to-School Program	
CSA Program		CSA Program	
Coop Program		Coop Program	
Association/Organization		Association/Organization	
Website		Website	
Marketing/Advertising/Promotion Plan		Marketing/Advertising/Promotion Plan	
Hospital or Health Care Partners		Hospital or Health Care Partners	
Partnership		Partnership	
Business Plan		Business Plan	
Product Branding Campaign		Product Branding Campaign	
State/Company Branding Campaign		State/Company Branding Campaign	
Number of New Local/Regional Businesses (Other Than Applicant) Participating		Number of Existing Local/Regional Businesses (Other Than Applicant) Benefiting	
Supports New Direct Marketing Program Specified As: _____		Supports an Existing Direct Marketing Program Specified As: _____	
Number of New Businesses		Number of Existing Businesses	

**i. Transportation**

Designs and/or Supports a Delivery System		Requires Truck or Other Vehicle	
Requires Mobile Market Equipment		Requires Purchasing Trailers	
Requires Purchasing Refrigeration Equip.		Identify Other:	

j. Food/Products			
Supports Locally Grown		Supports Buy Local Campaign	
Supports Healthy Food Campaign		Supports Food Handling/Safety Programs	
Involves Food/Package Labeling Campaign		Adopts Packaging/Storage Technology	
Adopts Processing Capability		Adopts Refrigeration Technology	
Supports Marketing of Organic Food		Supports Sustainable Agricultural Practices	
Supports Food Marketed As Natural		Identify Other:	

- <sup>1</sup> AMS may identify a priority(ies) in the FMPP Guidelines. Project activities that address the identified priority(ies) are encouraged. All project activities, however, will receive full consideration.
- <sup>2</sup> Number of existing jobs (staff) paid by this project.
- <sup>3</sup> Number of jobs, not currently in existence, which the project will create.

**After completing the narrative form, delete the Instructions (below) and submit with the Supplemental Budget Summary (if not completed above), required forms SF-424, SF-424A, SF-424B, and supporting documents to:**

FARMERS’ MARKET PROMOTION PROGRAM  
 USDA, Agricultural Marketing Service  
 1800 M Street, NW  
 Room 3012-South Tower  
 Washington, D.C., 20036  
 202/694-4000

*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 0581-0235. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable sex, marital status, or familial status, parental status religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual’s income is derived from any public assistance program (not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA’s TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.*

## **Instructions for Completing the TM-29 Farmers Market Promotion Program (FMPP) Project Proposal Narrative Form**

The narrative portion of the project proposal, including the supplemental budget summary, must be single-sided and not exceed 12 pages (Times New Roman font, 12 pt. pitch, single-spaced, 8.5x11 inch-paper). Letters of support and biographies of key personnel are encouraged, and do not count against the 12-page limit. In order to expedite the application review process, the narrative must be organized under the following headings:

1. **Project Title.** Must capture the primary focus of the project, and match the title provided on Form SF-424.
2. **Organization Information.** Provide the organization name, contact name, mailing address, telephone and fax number. Also provide the email address for the person designated to answer questions about the application, financial information, and the proposed budget request.
3. **Primary Project Manager Information.** Provide the name, mailing address, telephone and fax number, and email address for the person(s) responsible for managing and/or overseeing the project.
4. **Requested FMPP Funding/Matching Funding:** Indicate the dollar amount (use whole dollar amounts, do not include cents.) requested from FMPP. Do not include funding or in-kind work from other sources in the “Requested FMPP Funding” section. Include other funding sources, matching, and in-kind contributions in the “Matching Funds” section, as applicable.
5. **EBT, Equipment, Supplies, and Promotional Projects.** Answer either “Yes” or “No” to whether your proposal includes a new or existing electronic benefit transfers (EBT) component; or includes the purchase equipment, supplies, and/or promotional items or services.
6. **Entity Type/Eligibility Statement.** Indicate the entity type of the applicant/organization. Provide an explanation of how the applicant/organization qualifies as an eligible entity. **Written proof of eligibility must be provided from a State or Federal source. Applications that do not contain sufficient information to determine the eligibility of the applicant will not be considered.**
7. **Executive Summary.** Should not exceed 200 words and must include the following: a project description, goals to be accomplished, stages of work and resources required, and expected timeframe for completing all tasks and results.
8. **Goals of the Project.** Provide a clear statement (no more than two sentences) focusing on the ultimate goal(s) and objective(s) of the project.
9. **Background Statement.** Provide specific information affecting your project(s). Describe past, current, and/or future events, conditions, or actions taken that justify the need for the project and that demonstrate your organization’s experience with this type of work. Correlate the background and purpose of the activity to support your particular project issue.

10. **Workplan and Resource Requirements.** Provide a timeline and a statement that includes the planned scope of work, anticipated stages, and the resources required to complete the project. Identify who will do the work, whether collaborative arrangements or subcontractors will be used, the resource commitments of the collaborators, and the role(s) and responsibilities of each collaborator or project partner. Indicate in-kind and volunteer work, and whether matching or other funding is being provided.
11. **Expected Outcomes and Project Evaluation.** Describe what is to be accomplished, the expected results, and how success will be measured at the completion of the project (quantitative and qualitative evaluation measurements of project’s impact).
12. **Beneficiaries.** Identify the individuals, organizations, and/or entities that will benefit from the project outcome and how they will benefit.
13. **Evaluation Criteria Statements.** Using the criteria as headings, summarize how the project addresses each criterion. Provide references to the workplan and other narrative sections, as needed, to justify the project’s plan and merit.
14. **Existing and Pending Support.** List all current and pending public or private support to which personnel identified in the narrative have committed portions of their time, whether or not salary support for persons involved is included in the budget. An application that duplicates or overlaps substantially with an application already reviewed and funded by another organization or agency will not be funded under FMPP.
15. **Supplemental Budget Summary** (Counted toward the narrative’s 12-page limit). Provide additional detailed information about the budget categories listed on Form SF–424A. The detailed budget information is required. It supplements, but does not replace, the SF-424A. All requested budget items/activities must:
  - Be itemized, listing separately each item/activity being requested and its cost and use.
  - Correlate to the purpose/goals of the project and demonstrate that they are reasonable and adequate for the proposed work.
  - Be substantiated in a written budget narrative.
  - **Not include** matching funds or in-kind work and items.

AMS has developed the voluntary “FMPP Supplemental Budget Summary Forms,” available at [www.ams.usda.gov/FMPP](http://www.ams.usda.gov/FMPP), to assist applicants in preparing supplemental budgets. The use of this form is not required. **However, the details regarding requested funds, fund usage, and a written budget narrative within the FMPP Supplemental Budget Summary are required.**

If the Budget request is for:

- New EBT projects, prepare a separate supplemental budget. Form TM-31, “FMPP Supplemental Budget Summary and Instructions – For New EBT Projects Only” is voluntary, and is provided for new electronic benefit transfers (EBT) project budgets only.

- Existing EBT projects (have EBT currently at the market), you may use form TM-30 “FMPP Supplemental Budget Summary and Instructions.”
- Any other non-EBT related projects, you may use form TM-30 “FMPP Supplemental Budget Summary and Instructions.”

When preparing multiple supplemental budget summaries, add the totals (from TM-30 and TM-31) and insert this amount into box 15A of Form SF-424 and Section A.1.(e) of Form SF-424A.

For additional information about the budget categories, refer to the FMPP Guidelines. The Supplemental Budget Summary information may include the following categories:

- Personnel/Contractual. List the individual/contractor’s name/title and the general categories of services the person/contract provides (e.g., project manager, type of professional services, travel, lodging, administrative expenses, etc.). Show annual/hourly rates and estimated number of hours to be spent on the project by each project participant. See the FMPP Guidelines for additional information.
- Travel. Indicate the details and purpose of each trip and the anticipated travel expenses. In the budget narrative, indicate the name of each person traveling, mode of travel, number of people, purpose and number of trips, how many days, destination, lodging, meals, etc., as applicable.
- Equipment. Indicate anticipated purchases of equipment. List separately each item of equipment, its cost and use.
- Supplies. Provide an estimate of projected supply expenditures. List each item separately its cost and use.
- Other. Provide in sufficient detail an itemized list and cost estimate for items that do not fall into the personnel/contractor, travel, equipment, supplies, or indirect categories.
- Indirect Costs. Indirect costs, as defined in the FMPP Guidelines, may not exceed 10 percent of the total direct costs.
  - In the supplemental budget summary narrative, explain how the indirect costs meet the indirect cost definition, what they include, and list each cost separately. **Any requests submitted without this definition and/or explanation will not be permitted.**
  - Multiple indirect costs for each individual project activity being proposed are not permitted.

**16. Primary Proposal Activity.** A response is required. Identify the one specific activity from the proposal’s goals and objectives.

**17. Proposal Activity(ies).** Check all activities (as many as are applicable) that meet the project goals and objectives. If additional space is needed, delete the non-applicable activities in the form.