

TM-31, Farmers Market Promotion Program (FMPP) – 20____ **SUPPLEMENTAL BUDGET SUMMARY AND INSTRUCTIONS – FOR EBT PROJECTS ONLY**

Use this form for New and Existing
 Electronic Benefits Transfer (EBT) Project Work Only

The use of this form is voluntary. Details regarding requested funds, justification, and fund usage within the FMPP Supplemental Budget Summary, however, is required. **If you are requesting FMPP funds to support, promote, or expand non-EBT activities, use form TM-30 instead.** When utilizing this form, insert the requested information below. Itemize the products and services (budget) needed to complete the proposed activities and reference the appropriate sections from the narrative. **Designate the items that are required for new EBT and/or existing EBT projects.** Sections 3 through 4 expand and allow the applicant to include as many items and lines of text as needed. AMS strongly recommends reading the form Instructions (below) and FMPP Guidelines before completing this form.

1. Project Title:	2. Organization Name:

3. **EBT Budget Requests:**

- This budget includes items/purchases for a **new** EBT project. Yes No
- This budget includes items/purchases for an **existing** EBT project. Yes No

4. **Budget Summary Itemization:**

4.1. <u>Personnel</u>		4.1 Total: \$0
a.	\$0	
4.2. <u>Contractors</u>		4.2 Total: \$0
a.	\$0	
4.3. <u>Travel</u>		4.3 Total: \$0
a.	\$0	
4.4. <u>Supplies</u>		4.4 Total: \$0
a.	\$0	
b.	\$0	
4.5. <u>Other</u>		4.5 Total: \$0
a.	\$0	
4.6 Indirect Costs:		4.6 Total: \$0

SUBTOTAL: \$0
 GRAND TOTAL: \$0

4. Supplemental Budget Summary Narrative (Describe details about the budget items and an explanation of the indirect costs):

Primary Activity Details and Total (Describe details about the budget items for this activity): \$0

All Other Activity(ies) Details and Totals (Describe details about the budget items for all other activities): \$0

After completing this form, delete the Instructions (below) and submit the Supplemental Budget Summary with the FMPP Narrative, required forms, 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-31, Farmers Market Promotion Program (FMPP) Supplemental Budget Summary – EBT Projects Only Form

The use of this form is voluntary; this form is for Electronic Benefits Transfer (EBT) project work only. **If requesting FMPP funds to support, promote, or expand non-EBT projects, use FORM TM-30 INSTEAD.** Insert the grand total from this budget into box 15A on Form SF-424, and Section A.1.(e) of Form SF-424A.

The FMPP Supplemental Budget Summary consists of itemized costs and a narrative explaining how each cost item corresponds to the purpose/goals of the project. The FMPP Supplemental Budget Summary pages do not count toward the FMPP project proposal narrative's 12-page limit; however, the budget, along with the budget narrative justification, is required. This summary must provide sufficient detail about the budget categories listed on Form SF-424A. The budget must be single-sided (Times New Roman font, 12 pt. pitch, single-spaced), on 8.5x11 inch-paper._

In order to expedite the application review process, FMPP provides the following guidance to organize the budget. For more detailed information see the FMPP Guidelines. The budget should include the following information:

1. **Project Title.** Must capture the primary focus of the project. This title should be the same as that provided on the proposal narrative, Form TM-29 as applicable, and Form SF-424.
2. **Organization name.** Provide the applicant/organization name applying for grant funds.
3. **EBT Budget Requests:** Answer either "Yes" or "No" to whether your proposal includes a new or existing EBT purchases. Designate "New EBT," "Existing EBT," or "New & Existing EBT" for each request being made.
4. **Budget Summary Itemization.** Provide details about the items needed to complete the project and the corresponding page in the narrative. All requested budget items/activities should:
 - Be itemized, **designated as new and/or existing EBT**, and listed separately for each item/activity being requested including 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.

The Supplemental Budget Summary information may include:

- Personnel/Contractual.
 - o List the individual/contractor's name/title and the general categories of services the person/contract provides (e.g., project manager, 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.
- For contractors, indicate if the expense represents a flat fee for services or an hourly rate. In the narrative, provide justification for the how and why the contractor was selected versus the organization's own staff/personnel. List the general categories of services the contract covers (e.g., type of professional services, travel, lodging, administrative expenses, etc.).
- Proof must be provided that the individual's qualifications and services proposed for this service (use the U.S. Bureau of Labor and Statistics, as needed, for applicable wages and salaries by State).
- Travel. Indicate the details and purpose of each trip (who, why, when, and where) and the anticipated travel expenses. In the budget narrative, indicate the name of each person traveling, mode of travel, number of people, purpose of trip, number of trips, how many days, destination, lodging, meals, etc., as applicable.
- Equipment. Indicate anticipated purchases of equipment. List separately each item of equipment, and 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. Indicate its purpose/use, need, and costs.
- 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.

4. Supplemental Budget Summary Narrative

Primary Proposal Activity. Provide details about costs for the primary project activity.

Proposal Activity(ies). Provide details about costs for all other activities (as many as are applicable). If additional space is required, add additional activities or delete the non-applicable secondary activities in this form.