

Farmers' Market Promotion Program (FMPP) – 20____

PROJECT PROPOSAL NARRATIVE FORM AND INSTRUCTIONS

The use of this narrative form and a supplemental budget summary is mandatory. AMS strongly recommends reading the form instructions (below) and FMPP Guidelines before completing this form. Insert information below; Sections 5-15 can be expanded, allowing the applicant to include as many lines of text as needed.

1. Project Title:

2. Organization Name:

City: **State:**

E-mail:

Phone: **Fax:**

4. Requested FMPP Funding:

\$

3. Primary Project Manager Name:

Mailing Address:

City: **State:** **Zip Code:**

Zip Code:

E-mail:

Phone: **Fax:**

Matching Funds (not required):

\$

5. Entity Type and Eligibility Statement:

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

Eligibility Statement:

6. EBT, Equipment, Supplies, and Promotional Projects:

EBT Projects:

- | | | |
|---|------------------------------|-----------------------------|
| ➤ Does the proposal include an EBT component? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Does the proposal include a new EBT project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Does the proposal include an existing EBT project? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| ➤ Does the proposal also include <i>other</i> (non-EBT related) activities? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Non-EBT Projects:

- | | | |
|--|------------------------------|-----------------------------|
| ➤ Are there components in the proposal that include the purchase of equipment, supplies, and/or promotional items or services? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|

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

8. **Project Implementation Address** (record as many as applicable):

Mailing Address #1:

[Redacted]

[Redacted]

City: State:

[Redacted]

[Redacted]

[Redacted]

Mailing Address #2:

[Redacted]

City: State: Zip Code:

Zip Code:

[Redacted]

[Redacted]

[Redacted]

**Latitude and Longitude
Coordinates:**

[Redacted]

County:

[Redacted]

**Latitude and Longitude
Coordinates:**

[Redacted]

County:

[Redacted]

9. **Goals of the Project:**

Goal #1:

Goal #2:

Goal #3:

How project addresses the FMPP mission?

10. **Background Statement:**

11. **Workplan, Resource, and Timeline Requirements:**

Goal #1 – Object/Activity 1:

Goal #1 – Object/Activity 2:

Goal #1 – Object/Activity 3:

Timeline(s)

12. **Expected Outcomes and Beneficiaries:**

13. **Evaluation Criteria Statements:**

14. **Existing and Pending Support:**

15. **Supplementary Budget Summary** (Download and complete the TM-30, Supplemental Budget Summary Form. Only include items to be paid for with FMPP funds. Attach the Budget Form to the back of this narrative):

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-424B, and supporting documents via the www.Grants.gov website:

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 10 hours 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 Farmers Market Promotion Program (FMPP) TM-29 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. 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, fax number, and email address(es) for the person(s) designated to answer questions about the application, financial information, and the proposed project budget.
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. **Entity Type/Eligibility Statement.** Indicate the entity type of the applicant/organization. Provide a statement of how the applicant/organization qualifies as an eligible entity. **Written proof of eligibility must be provided from a U.S. State or Federal source. Applications that do not contain sufficient information to determine the eligibility of the applicant will not be considered.**
6. **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 of equipment, supplies, and/or promotional items or services.
7. **Executive Summary.** Should not exceed 200 words and must include the following: a project description, goals to be accomplished, expected outcomes, and a timeframe for completing all activities.

8. **Project Implementation Address.** Provide the mailing address(es) where the project(s) will be implemented. Include the street address, city, state, zip code, county, and latitude and longitudinal coordinates (from Internet geo-coordinates mapping software) for each applicable implementation address. **No post office box addresses will be accepted.**
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. Number and list each goal, i.e., Goal #1:, Goal #2:. After the list, provide a brief statement why and how each goal and objective meets FMPP's mission. Explain how the project addresses the FMPP mission.
9. **Background Statement.** Provide a description of the current conditions that justify the need for the proposed project, and an explanation why the condition will not be improved absent the project so that the need will remain unmet.
10. **Workplan, Resource, and Timeline Requirements.** Provide a statement for each planned activity(ies) (scope of work), a timeline for completion, resources required to complete each activity, and milestones for assessing progress for each activity. Identify who will do the work, whether collaborative arrangements or subcontractors will be used, and the resource commitments of the collaborators, Indicate in-kind and volunteer work, and whether matching or other funding is being provided.
12. **Expected Outcomes and Beneficiaries.** List expected outcomes of the project (quantitative and qualitative evaluation measurements and the beneficiaries of each outcome. Describe the method of quantifying the outcome and beneficiaries that will be used to measure success of the project
13. **Evaluation Criteria Statements.** Using the criteria as headings, summarize what, when, where, and how the project addresses each criterion. Provide references to the appropriate pages and/or sections of the narrative to justify the project's plan and merit. For full consideration, all criteria should be addresses by the proposal.
14. **Existing and Pending Support.** List all current and pending public or private support for the proposed project. Indicate 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 with an application already reviewed and funded will not be funded under FMPP.
15. **Supplemental Budget Summary.** Use form TM-30, FMPP Supplemental Budget Summary. This form can be found via the FMPP website at www.ams.usda.gov/FMPP (see forms and additional information).

FMPP requires an itemized, line-by-line supplemental budget. Each budget line (category) **MUST BE ITEMIZED** in the Supplemental Budget Summary with an actual cost estimate (e.g. on the basis of price analysis, vendor quote, cost per unit (including staff time), etc.) **AND** justified by the budget narrative.

For example, a line item for 'supplies' must be further itemized on the basis of 1) the cost of EACH supply item, and 2) the project activity for which each supply will be used. This information **MUST** be included in the itemized, supplementary budget and explained/justified with a narrative. All budget items must correlate to the purpose/goals of the project and each expense (for personnel, travel, supply, equipment, etc.) **MUST** be allocated to a project activity.

Failure to include a line-by-line budget itemization and narrative explanation will be grounds to reject the application for further consideration. This itemized information supplements, but does not replace, the SF-424A. All requested budget items and activities must:

- Be itemized, listing separately each item, its costs, and use.
- Correlate to the purpose/goals of the project and demonstrate that they are reasonable and adequate for the proposed work.
- **Not include** matching funds or in-kind work and items.
- **Be substantiated in a written budget narrative.**

TM-30, Supplemental Budget Summary, along with a budget narrative, **MUST** be used in preparing supplemental budgets.

The Supplemental Budget Summary information **MUST** include the following categories and a budget narrative that provides justification for such budget categories and items. If no items in the following budget categories will be requested, use “\$0” for the total amount being requested:

- **Personnel/Contractual.** List the individual/contractor’s name and title and the general categories of services the person/contractor cost will cover (e.g., project manager). Show annual/hourly rates and estimated number of hours to be spent on the project by each project participant. In the budget narrative:
 - a. Indicate the duties of each individual and correlate those duties to the purpose/goals of the project.
 - b. All salaries must include the number of hours, rate per hour, and the (actual) months of performance.
 - c. For contractors, indicate if the expense represents a flat fee for services or an hourly rate. Provide justification for the how and why the contractor was selected vs. the organization’s own staff/personnel. List the general categories of services the contract covers (e.g., professional services, travel, lodging, administrative expenses, etc.).
 - d. Charges must be for services rendered for the individual’s qualifications and your locality based on the U.S. Bureau of Labor and Statistics, for applicable wages and salaries by State, covering agricultural occupations (i.e., Management occupations (Project manager, market manager, etc.), series 11-9013 “Farmers, Ranchers, and Agricultural Managers”). FMPP will allow up to the “median hourly” rate, for the appropriate occupation.
 - e. Personnel and contractor’s compensation that have been approved, awarded, and agreed to under FMPP will not be increased during the life of the grant.

See the FMPP Guidelines for all contractors and subgrantees requirements.

- **Travel.** Itemize the details and purpose of each trip and the anticipated travel expenses. List each expense separately including: (1) the name of each person traveling, (2) purpose and date(s), (3) mode of travel, (4) number and duration of trips, (5) number of people, (6)

destination, (7) number of miles, and (8) lodging and meals (as applicable). Include specific details about the travel expenses in the budget narrative.

FMPP follows the current General Services Administration's privately owned vehicle (POV) mileage reimbursement rate. Mileage rates include gas costs; FMPP will not recognize additional gas expenses as allowable.

If technologies such as teleconferences or videoconferencing are available to your organization, appropriate to the project, and less costly, they should be used as an alternative to travel.

- **Equipment.** Indicate anticipated purchases of equipment. List separately each item of equipment, its cost and use. *Equipment* means any tangible, nonexpendable, personal property, including exempt property charged directly to the grant having: (1) a useful life of more than 1 year, and (2) an acquisition cost of \$5,000 or more per unit (7 CFR 3016.3 and 7 CFR 3019.2). In the budget narrative, provide the basis of the cost estimate (e.g. price analyses, vendor quotes) for each piece of equipment and its correlation to the purpose/goals of the project to justify your need for the equipment to be purchased.

FMPP discourages the use of grant funds to rent a building or rooms and to purchase supplies and other materials. However, where appropriate, FMPP encourages the use of technologies such as webinars, teleconferencing, or videoconferencing as an alternative to renting a building or a room. If renting a building or a room is needed, then consider the most cost-effective alternatives such as other, no-cost conference rooms available in your community.

- **Supplies.** Provide an estimate of projected supply expenditures. List each item separately, its cost and use. *Supplies* means any tangible personal property other than equipment (as defined above), excluding debt instruments and inventions (defined in 7 CFR 3019.2(hh)). In the budget narrative, provide the basis of the cost estimate (e.g. price analyses, vendor quotes) for each supply item being requested and its correlation to the purpose/goals of the project to justify your need for the supplies to be purchased.
- **Other.** Provide, in sufficient detail, an itemized list of projected expenditures, their cost and use. *Other items* mean any item not fitting into the personnel, contractual, equipment, travel, and supplies categories explained above (e.g., rentals). In the budget narrative, provide the basis of the cost estimate (e.g. price analysis, vendor quotes) for each item being requested and its correlation to the purpose/goals of the project to justify your need.

FMPP will not pay for a project that consists of only one workshop or conference, unless such activity is part of a larger project and justified appropriately. FMPP encourages the use of alternative technologies instead of renting building and other spaces for the workshop/conference. When submitting a request for a workshop or conference, clearly indicate the purpose of the workshop or conference, and explain why the activity cannot be implemented using alternative technologies. Indicate if registration fees will be collected and if so, show the fees as program income on the SF-424A.

- **Indirect Costs.** Indirect costs are defined as the expenses of doing business that are not readily identified with an FMPP project, but are necessary for the general operation of the organization and the implementation of FMPP-related activities. These costs benefit more than one cost objective and cannot be readily identified with a particular final cost objective without effort disproportionate to the results achieved.
 - a. FMPP will only award indirect costs up to 10 percent.
 - b. Budget requests for indirect costs may not exceed 10 percent of any expense defined and

itemized as a direct cost. Please note that a cost may not be allocated as an indirect cost if it is incurred for the same purpose under FMPP as a direct cost.

- c. The Supplemental Budget Summary narrative must explain how the indirect cost amount was determined, what it includes, and how it meets the definition and criteria above. FMPP WILL NOT AWARD any requests submitted without this definition and/or explanation.
- d. Indicate only ONE indirect cost total -- 10 percent of total project costs; instead of multiple indirect costs for each individual project activity being proposed.
- e. Approved indirect cost amounts cannot, however, be: (1) included in 10 percent budget changes (see the FMPP Guidelines), or (2) increased during the life of the grant. With FMPP prior approval, approved indirect amounts can be amended and moved for use of approved direct cost expenses.