

MEAT AND POULTRY INTERSTATE SHIPMENT AND INSPECTION READINESS PROGRAM

PROJECT NARRATIVE TEMPLATE

Thoroughly review the Meat and Poultry Interstate Shipment and Inspection Readiness Program (ISIRP) RFA before completing this form. This required form must be submitted as a PDF and attached to the application package in Grants.gov.

APPLICANT INFORMATION

Must match box 8 of the SF-424.

Applicant Organization:.....Enter the Applicant Organization’s Business Name
Phone Number:.....Enter the Applicant Organization’s Phone Number
Email:.....Enter the Applicant Organization’s Email
Physical Address:.....Enter the Applicant Organization’s Physical Address
Mailing Address:.....Enter the Applicant Organization’s Mailing Address (if different than physical address)
Facility/Establishment Number:.....Enter the Applicant Organization’s Business Permit, License Number, or State Identifier

AUTHORIZED ORGANIZATON REPRESENTATIVE (AOR)

List the person who will be the main contact for any correspondence and is responsible for signing any documentation should the grant be awarded. Must match box 21 of the SF-424.

Name:.....Enter the AOR’s Name
Title:.....Enter the AOR’s Title
Phone Number:.....Enter the AOR’s Phone Number
Email:.....Enter the AOR’s Email
Mailing Address:.....Enter the AOR’s Mailing Address

APPLICANT ENTITY TYPE

Select each applicable entity type as defined in Section 3.1 of the RFA and answer the questions.

Select type of facility ? Slaughter Processing Slaughter and Processing
Is the facility currently operating? Yes No
What is the facility’s current inspection status?
 State Inspected
 Exempt Indicate Type of Exemption (e.g. Custom, Retail, FDA, poultry, etc.): _____

CAPACITY INFORMATION

Number of Employees at the Facility/Establishment:.....Enter the Applicant Facility Numbers of Employees
What type of species is slaughtered and/or processed at the facility? Livestock Poultry Livestock and Poultry Siluriformes (catfish)

Briefly describe the operations capacity at your slaughter and/or processing facility.

GRANT APPLICATION PROJECT TYPE

Described in Section 1.3 of the RFA

- **Federal Grant of Inspection (GOI)** *(Available to establishments in the 50 States, American Samoa, the District of Columbia, Guam, the Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, the Commonwealth of Puerto Rico, and the U.S. Virgin Islands.)*
- **Cooperative Interstate Shipping (CIS) Compliance** *(Limited to establishments in CIS participating States: Indiana, Iowa, Maine, Missouri, North Dakota, Ohio, Vermont, and Wisconsin)*

PROJECT TITLE

Provide a descriptive project title in 15 words or less in the space below. Must match box 15 of the SF-424.

FUNDING REQUEST

Insert the total amount (\$) of Federal funds requested. This must match the total amount requested on Line 18a. Estimated Federal Funding of the SF-424.

Total Funds Requested (up to \$200,000.00): Enter Total Funds Requested Amount \$

DURATION OF PROJECT

Start Date:	Start Date	End Date:	End Date
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EXECUTIVE SUMMARY

Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a description of your project purpose, facility needs and expected outcomes.

ALIGNMENT AND INTENT

Clearly articulate the reason for requesting the funds. Briefly describe the need for grant funds and how the expenses will help you improve production capacity, improve labor capacity, or improve service capacity.

PROVIDE A LISTING OF OBJECTIVES THIS PROJECT HOPES TO ACHIEVE

Objectives must relate to obtaining a Federal Grant of Inspection under the Federal Meat Inspection Act (21 U.S.C. 601 et seq.) (FMIA) or the Poultry Products Inspection Act (21 U.S.C. 451 et seq.) (PPIA) or to operate as a Cooperative Interstate Shipping program facility.

Objective 1:

Objective 2:

Objective 3:

PROJECT BENEFICIARIES

Describe who and how many will benefit from your facility improvements and/or increased capacity. This should include you as the operating facility, livestock producers and other stakeholders. (For example, your answer may provide the number of new customers, that you will maintain current employees, increase labor skills, improve services, etc.)

EXPECTED SHORT TERM AND LONG-TERM IMPACTS OF YOUR WORK

Describe the expected short term and long-term impacts of your work. This should include you as the operating facility, livestock producers and stakeholders. (For example, your answer may include increasing access to slaughter and or processing services, expanding facility services to retail, increasing storage capacity, etc.)

TECHNICAL MERIT

WORK PLAN

Develop a Task Timeline using the headings below. List and describe each individual task to be performed including the timeframe for implementation; required resources; milestone(s) for assessing progress and success; and who is responsible for completing the activity, including collaborative arrangements or subcontractors. The task descriptions should be sufficiently detailed to give a clear understanding of the general flow of work necessary to complete the project.

#	Task Description	Anticipated Start Date	Anticipated Completion Date	Resources Required to Complete Task	Milestone(s) for Assessing Progress and Success	Identify Who Will Complete the Task
1						
2						
3						
4						

HAVE YOU SUBMITTED THIS PROJECT TO ANOTHER FEDERAL OR STATE GRANT PROGRAM?

- Yes No

IF YES, LIST THE FEDERAL OR STATE GRANT PROGRAM AND DESCRIBE HOW THE PROJECT IS DIFFERENT.

#	Grant Program	Description
1		
2		

ACHIEVEABILITY

SELECT THE APPROPRIATE OUTCOME(S) AND INDICATOR(S)/SUB-INDICATOR(S)

You must complete all applicable project outcomes and indicators with baseline and/or estimated target numbers.

OUTCOME MEASURE(S)

Outcome 1: To improve meat and poultry processing efficiency and capacity.

Improvement and efficiency can be measured by evaluating the ratio of inputs (labor, time, resources, etc.) to outputs (product), speed, waste reduction, increased volume and/or capacity to move volume, decreased distance between point of production and point of sale, decrease time spent, higher quality technology/infrastructure, etc.

Indicator	Description	Estimated Number	N/A
1.1	Total number of efficiency and capacity improvements made to: <ul style="list-style-type: none"> • 1.1.a.: Infrastructure • 1.1.b.: Slaughter or Processing Equipment/Technologies • 1.1.c.: Storage Equipment for carcasses or finished product • 1.1.d.: Facility/Building Improvements • 1.1.e.: Other 	_____	<input type="checkbox"/>
1.2	Increased slaughter or processing capacity measured in: <ul style="list-style-type: none"> • 1.2.a.: Varieties of meat and/or poultry • 1.2.b.: Dollars • 1.2.c.: Volume (in Pounds) • 1.2.d.: Percentage change, or • 1.2.e.: Combination of volume and average price as a result of efficiency and capacity improvements 	_____	<input type="checkbox"/>
1.3	Updates to or expansion of existing infrastructure (large equipment or buildings, cooler space, waste management systems, etc.) improved efficiency by: <ul style="list-style-type: none"> • 1.3.a.: Reducing waste • 1.3.b.: Increasing capacity to move volume • 1.3.c.: Decreased slaughter or processing time 	_____	<input type="checkbox"/>

Outcome 2: To increase capability to process meat and poultry.

Indicator	Description	Estimated Number	N/A
2.1.	Number of ISIRP related jobs <ul style="list-style-type: none"> • 2.1.a.: Created • 2.1.b.: Maintained 	_____	<input type="checkbox"/>
2.2.	Number of maintained jobs that increased from part-time to full-time		<input type="checkbox"/>
2.3.	Number of employees trained on new equipment, sales and distribution, and marketing programs		<input type="checkbox"/>
2.4.	Number of employees trained on Hazard Analysis and Critical Control Point (HACCP) and Standard Sanitary Operating Procedures (SSOP) programs, record keeping process requirements and meat processing practices		<input type="checkbox"/>

Outcome 3: To build stronger food supply chains and benefit local communities by expanding product and market development opportunities.

Indicator	Description	Estimated Number	N/A
3.1.	Total number of processing services improved or expanded due to infrastructure, equipment, or operating capacity improvements_. Of those, <ul style="list-style-type: none"> 3.1.a: The number of existing processing services improved or expanded 3.1.b: The number of new processing services offered 	_____	<input type="checkbox"/>
3.2.	Total number of market access points for livestock or poultry products developed or expanded due to infrastructure, equipment, or operating capacity improvements_. Of those, <ul style="list-style-type: none"> 3.2.a: The number of existing access points that expanded livestock or poultry product offerings 3.2.b: The number of new market access points reached 	_____	<input type="checkbox"/>
3.3	Number of additional livestock or poultry stakeholders that benefited from the improved efficiency and capacity.		<input type="checkbox"/>
3.4	Total number of new/improved distribution systems developed_. Of those, the number that <ul style="list-style-type: none"> 3.4.a: Stemmed from new partnerships 3.4.b: Increased efficiency 3.4.c: Reduced costs 3.4.d: Expanded customer reach 	_____	<input type="checkbox"/>

Outcome 4: Required

Provide at least one additional outcome and indicator based on relevant project activities not covered above.

Indicator	Description	Estimated Number
4.1.		

REPORTING ON SELECTED OUTCOMES AND INDICATORS

For each completed outcome indicator explain how you will achieve the selected outcome in the space below. Provide a clear, concise description of the steps including specific work to be accomplished and any potential challenges. If specific plans have not been developed, explain your plan for having them developed.

Outcome and Indicator # <i>I.e., 2a., 3.a., 2.b.</i>	How did you derive the estimated numbers? <i>I.e., documented background or baseline information, etc.</i>	How and when do you intend to evaluate? <i>I.e., surveys, 3rd party assessment</i>	Anticipated key factors predicted to contribute to and restrict outcome <i>Including action steps for addressing identified restricting factors</i>

EXPERTISE AND PARTNERS

List key staff, including applicant personnel and external project partners and collaborators that comprise the Project Team, their role, their relevant experience in developing and operating projects like those to be conducted under this project.

#	Name and Title of Key Staff	Role	Relevant Experience and Past Successes
1			
2			
3			

PROJECT MANAGEMENT PLAN

Describe your management plan including who, including applicant personnel and external project partners, will be leading, coordinating, and carrying out activities under this project.

FISCAL PLAN AND RESOURCES

All expenses described in your Budget Narrative must be associated with expenses that will be covered by the ISIRP. Applicants should review the Request for Applications section 4.6 Funding Restrictions prior to developing their budget narrative.

Budget Summary	
Expense Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Equipment	
Construction	
Supplies	
Contractual	
Other	
Direct Costs Subtotal	
Indirect Costs	

Total Budget (Direct + Indirect)	
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PERSONNEL

List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.7.1 for further guidance.

#	Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1			
2			
3			

Personnel Subtotal	
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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. Add more personnel by copying and pasting the existing listing or deleting personnel that aren't necessary.

Personnel 1:

Personnel 2:

Personnel 3:

FRINGE BENEFITS

Provide the fringe benefit rates for each of the project's salaried employees described in the Personnel section that will be paid with ISIRP funds.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			

Fringe Subtotal	
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TRAVEL

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <http://www.gsa.gov>. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Travel, and Foreign Travel for further guidance.

#	Trip Destination	Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)	Unit of Measure (days, nights, miles)	# of Units	Cost per Unit	# of Travelers Claiming the Expense	Funds Requested
1							
2							
3							

Travel Subtotal	
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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. Add more trips by copying and pasting the existing listing or delete trips that aren't necessary.

Trip 1 (Approximate Date of Travel MM/YYYY):

Trip 2 (Approximate Date of Travel MM/YYYY):

Trip 3 (Approximate Date of Travel MM/YYYY):

CONFORMING WITH YOUR TRAVEL POLICY

By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](#) or [48 CFR subpart 31.2](#) as applicable.

EQUIPMENT

Describe any special purpose equipment to be purchased or rented under the grant. “Special purpose equipment” is tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds \$5,000 per unit and is used only for research, medical, scientific, or other technical activities. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Equipment - Special Purpose for further guidance

Purchase of “general purpose equipment” requires prior approval and must be necessary and directly related to the activities of the project. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, for more information.

#	Item Description	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
4				

Equipment Subtotal	
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EQUIPMENT JUSTIFICATION

For each Equipment item listed in the above table describe the need and how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn’t necessary.

Equipment 1:

Equipment 2:

Equipment 3:

CONSTRUCTION

Describe costs including administrative and legal expenses, structures, relocation expenses and payments, architectural and engineering fees, project inspection fees, site work, demolition and removal, construction, and miscellaneous expenses related to modernizing or expanding an existing facility. Construction is allowable within the scope of ISIRP for improvements that maybe necessary to meet basic regulatory requirements for the currently operational facility.

#	Description and Justification	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
4				

Construction Subtotal	
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CONSTRUCTION JUSTIFICATION

Describe the need for construction costs. Drawings and other materials are optional and may be attached. If applicable, include any design and/or construction documents as part of the 15-page limit.

SUPPLIES

List the materials, supplies, and fabricated parts costing less than \$5,000 per unit and describe how they will support the purpose and goal of the proposal and enhance the competitiveness of specialty crops. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities for further information.

#	Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested
1					
2					
3					
4					

Supplies Subtotal	
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SUPPLIES JUSTIFICATION

Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s).

Supply 1:

Supply 2:

Supply 3:

CONTRACTUAL/CONSULTANT

Contractual/consultant costs are the 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. (Repeat this section for each contract/consultant.)

ITEMIZED CONTRACTOR(S)/CONSULTANT(S)

Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

#	Name/Organization	Hourly Rate/Flat Rate	Funds Requested
1			
2			
3			
4			

Contractual/Consultant Subtotal	
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CONTRACTUAL JUSTIFICATION

Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.

Contractor/Consultant 1:

Contractor/Consultant 2:

Contractor/Consultant 3:

CONFORMING WITH YOUR PROCUREMENT STANDARDS

By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in [2 CFR Part 200.317 through.326](#), as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements.

OTHER

Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Meals for further information.

Item Description	Per-Unit Cost	Number of Units	Acquire When?	Funds Requested

Other Subtotal	
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OTHER JUSTIFICATION

Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s).

INDIRECT COSTS

Indirect costs (also known as “facilities and administrative costs”—defined at [2 CFR §200.1](#)) represent the expenses of doing business that are not readily identified with a particular grant, contract, or project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. For the indirect cost formula and additional information, refer to Section 4.6.1 of the RFA.

Indirect Cost Rate	Funds Requested

Indirect Subtotal	
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PROGRAM INCOME

Program income is gross income—earned by a recipient or subrecipient under a grant—directly generated by the grant-supported activity or earned only because of the grant agreement during the grant period of performance. 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	Description of how you will reinvest the program income into the project	Estimated Income

Program Income Total	
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AFFIRMATION AND CERTIFICATION

I affirm and certify the following:

- a. The information submitted in this application, to the best of my knowledge, is true, correct, and complete and I hereby agree to comply with the requirements of the grant.
- b. My organization has reviewed and understands the regulatory requirements for obtaining a Federal Grant of Inspection under the Federal Meat Inspection Act (FMIA) or the Poultry Products Inspection Act (PPIA); or to obtain a grant to operate as a State-inspected facility compliant with the FMIA or PPIA under the Cooperative Interstate Shipment (CIS) program.
- c. I understand that I will need to return Federal Funds awarded if my organization does not obtain a Federal Grants of Inspection or does not become eligible for inspection under the Cooperative interstate shipping program, or if I have not made a good faith effort (as described in Section 1.4 of the RFA) by September 30, 2024.
- d. The applicant or owner(s) are not presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any federal or state department or agency, or presently involved in any bankruptcy.
- e. I understand that USDA-AMS will rely on the accuracy of the submittals and certifications made with this application. Any misrepresentation or inaccurate information may result in a determination of ineligibility and / or forfeiture of grant funds. I further understand I may be required to submit backup documentation proving the accuracy of my answers if I receive a grant.
- f. I understand that signing this document does not constitute an approved grant by the USDA-AMS.

I, undersigned, declare that I have reviewed the application and accompanying documentation, and to the best of my knowledge and information, it is true, correct, and complete and hereby agree with the requirements of the program as specified above.

Persons making false, fictitious, or fraudulent statements or entries are subject to a \$10,000.00 fine or imprisonment for not more than 5 years or both, as prescribed by 18 U.S.C 1001.

Signature: _____

Date: _____

EQUAL OPPORTUNITY STATEMENT

USDA is an equal opportunity provider, employer, and lender.

PAPERWORK BURDEN STATEMENT

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-NEW. 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.