

Appendix C: Child Nutrition Program's Non-Competitive Technology Innovation Grant  
Application Template

Attachment A

OMB Control No: 0584-NEW  
Expiration Date: XX/XX/20XX

**FY 2021  
Child Nutrition Non-Competitive Technology Innovation Grant  
Proposal Template**

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**IMPORTANT - FY 2021 CHILD NUTRITION  
NON-COMPETITIVE TECHNOLOGY INNOVATION GRANT PROPOSAL NARRATIVE**

- ✓ **Proposals must be submitted to [www.Grants.gov](http://www.Grants.gov) by 11:59 pm ET, on DAY, MONTH XX, 2021. Proposals received after this date and time will not be considered for funding.**
  - ✓ **Electronic or paper proposals sent via any other method will not be accepted.**
  - ✓ **All questions regarding the proposal and notifications regarding electronic submission should be referred to the FNS Grant Officer Anita Kirk via email at [Anita.Kirk@usda.gov](mailto:Anita.Kirk@usda.gov).**
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**How to Use the Proposal Template**

State agencies may copy and use the template as it appears, or set up their own format **as long as responses to all items are numbered and addressed in the order listed in the template**. The template contains tips with scenarios and suggestions for the kind of content to include in the proposal when describing the requested elements. If using the template, first read and delete the tips/notes and then input your response. You may use (and expand as needed) the sample tables throughout. It is permissible to use the template for some items and your own format for others, as long as all items are numbered and addressed in the order listed.

A three-page limit for the responses applies to the content of the narrative project proposal (responses to questions 1-5) and any attached explanations. The limit **does not** include the two-page maximum budget narrative, required supporting documents (such as the SF-424, SF-424A, SF-424B), indirect cost agreement, other required Federal forms, and assurance statements.

FNS understands that your agency may not be able to fully address every element detailed in the template prior to submission of the proposal. If an element is not addressed in your proposal, your application should explain why. **State agencies must have an entry for every item.** For each element of the guidance document, please do one of the following:

- Respond to the element;
- State that this element is not applicable and why; or
- If there is duplication with a previous answer(s), explain that the answer is included in the response to a previous item and give the referenced item and response number. However, be sure that you have provided sufficient information to fully respond to both items.

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Enter State Agency Contact Information	
<p><b>State Agency Name and Mailing Address:</b></p>	<p><b>Agency Administrator :</b> Name, Job Title &amp; Contact Information (Telephone, Email, Fax)</p>
	<p><b>Project Contact:</b> Name, Job Title &amp; Contact Information for State agency staff person(s) responsible for the project.</p>
NON-COMPETITIVE INFORMATION TECHNOLOGY GRANT PURPOSE	
<p>The purpose of this Non-competitive Technology Innovation Grant (nTIG) is to develop, improve, and maintain automated information technology systems used to operate and manage all Child Nutrition (CN) Programs (i.e., School Meal Programs, Summer Food Service Program and Child and Adult Care Food Program). The intent is to provide funding for automated systems that will improve program accountability, data accuracy, program performance measurement, and the capacity to identify and target error-prone areas (locations or program functions) within and across the CN Programs at the State and local educational agency (LEA) or Sponsoring Organization (SO).</p>	
<p><b>1. PROPOSED ACTIVITIES:</b> From the list below, <i>mark <u>all</u> activities that apply</i> to your State agency’s nTIG proposal, which may include planning and/or implementation activities:</p>	
<p>Planning activities, such as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Feasibility studies and cost/benefit analyses to plan for automation projects;</li> <li><input type="checkbox"/> Conducting an internal review of the State’s/LEAs/SOs data and administrative processes;</li> <li><input type="checkbox"/> Hiring a contractor or university to conduct a study of the processes and recommend solutions;</li> <li><input type="checkbox"/> Consulting with stakeholders; and/or</li> <li><input type="checkbox"/> Assessing current training and oversight capabilities, needs and effective training.</li> <li><input type="checkbox"/> Other. Please describe: _____</li> </ul>	
<p>Implementation activities, such as:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Web-based software;</li> <li><input type="checkbox"/> Uniform interfaces between diverse systems;</li> <li><input type="checkbox"/> Interfaces to improve automation between State and local agencies, including sub-grant awards to local Sponsor Organizations or Local Education Agency;</li> <li><input type="checkbox"/> Technology equipment and/or software;</li> </ul>	

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	<ul style="list-style-type: none"> <li><input type="checkbox"/> Other innovative business automation solutions to improve program operation efficiencies, accountability, monitoring and overall program integrity at the State and local levels;</li> <li><input type="checkbox"/> Hiring contractors such as business analyst, project manager, program developer;</li> <li><input type="checkbox"/> Training for staff and/or local Sponsor Organizations or Local Education Agency on new technology module(s) or equipment; and/or</li> <li><input type="checkbox"/> Purchase hardware to implement changes accordingly.</li> <li><input type="checkbox"/> Other. Please describe: _____</li> </ul>
<b>2.</b>	<p><b>PROJECT SCOPE:</b> Enter a brief description of how the State agency will use the nTIG funds to address the purpose and intent mentioned above and how this improvement will address a current need.</p>
<b>3.</b>	<p><b>SUMMARY:</b> Briefly summarize the functional requirements and type of technology solution(s) needed for completion of project(s).</p> <p><i>[Tip: Explain the function, capabilities, and/or features of the system that are required for the success of the project. For example, “System X needs to support input from end users; System X needs to track the number of free meals from school Y; System X needs to track the number of reduced meals from school Y.” Include diagrams, charts, or tables for further explanation as needed. In anticipation of this grant, <u>list the hardware/software</u> you have researched as possible candidates to procure: Include hardware/software type and functionality, and identify possible vendors. If there is an upgrade to an existing system, name the hardware/software. In inquiring about items that involve acquisition, FNS reminds agencies that they must comply with all State and Federal acquisition regulations.]</i></p>
<b>4.</b>	<p><b>IT MODULES:</b> From the list below, <b>mark <u>all</u> modules that apply</b> to your State agency’s nTIG project will address:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Sponsor Application and Record Management</li> <li><input type="checkbox"/> Financial Management (including SFA School Nutrition Revenues and Expenditures &amp; SAE Funds)</li> <li><input type="checkbox"/> Administrative Review</li> <li><input type="checkbox"/> SFA/SO Claims and Reimbursement</li> </ul>

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- SO Seriously Deficient
- Direct Certification (matching)
- Online Household Applications (free/reduced price)
- Menu Planning & Nutrient Analysis
- Professional Standards Training
- Federal Reporting
- Other (please specify)\_\_\_\_\_

5. **SUB-GRANTS:** Does the State agency anticipates offering nTIG funding to the local-level (i.e., SO or LEAs) with the intent to provide automation between State and local levels?

- NO
- YES

If YES, does the State agency currently have staffing or infrastructure in place needed to award and monitor the sub-grants?

- NO
- YES

If NO, describe the plan for awarding and monitoring local-level sub-grants without currently having staffing or infrastructure in place.

If YES, indicate the name and job title of State agency staff person(s) responsible for the sub-grant award(s) and monitoring.

**PROJECT BUDGET PLAN**

***NOTE:** Requested funding must not exceed \$925,926, or the allocated amount described in the allocation chart if your State has more than one (1) agencies administering the CN Programs.*

6. **BUDGET:** Of the nTIG funds offered, does the State agency’s proposed budget include the use of:

- ALL of the offered funds
- PART of the offered funds (meaning the remainder will revert back to FNS)

Include a narrative description of the Federal funds requested in SF-424A, including calculation stating how the funds requested were derived. Describe costs such as:

- a. State personnel and fringe benefits;
- b. Travel;
- c. Equipment;
- d. Supplies;
- e. Contractual;

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- f. Other (e.g., printing, software licenses); and
- g. Indirect.

*[Note: Budget should include estimated cost of travel and time for two State project staff to participate in a bi-annual CNAAT Training event. No more than 15 percent of the total budget may be obligated for maintenance and operations expenses.]*

**7. REALLOCATION OF FUNDING: There is no guarantee that additional nTIG funds will be available for reallocation.** However, should additional nTIG funding become available for re-allocation, FNS will equally distribute and offer the *reallocated* nTIG funds to eligible State agencies that indicate a need. In addition to the proposal submitted above (Questions 1-6), which **must** be self-sustaining and within your State agencies allocated nTIG funds, provide a description of how additional *reallocated* funds would be used to address the nTIG purpose, if a need exists. Provide budget narrative and calculations stating how the additional *reallocated* funds requested were derived (One (1) additional page beyond the 5-page limit may be used to address this question, if applicable). **If the State agency does not have a current need beyond the original funding level, mark N/A.**

*[Note: FNS cannot guarantee that the reallocated nTIG funds will match the State agency's request.]*

*OMB Burden Statement: This information is being collected to assist the Food and Nutrition Service in the distribution of nTIG funding to eligible States. This is a voluntary collection and FNS will use the information to award nTIG funding and monitor grant funding. This collection does not request any personally identifiable information under the Privacy Act of 1974. 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 0584-[NEW]. The time required to complete this information collection is estimated to average 7.67 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Service, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22306 ATTN: PRA (0584-NEW). Do not return the completed form to this address.*