

# SEAFOOD PROCESSORS PANDEMIC RESPONSE AND SAFETY BLOCK GRANT PROGRAM

## PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is **mandatory**. Thoroughly review the Seafood Processors Pandemic Response and Safety (SPRS) Block Grant Program Request for Applications (RFA) before completing this form. Upon completion, save this form as a PDF and attach it to the application package within Grants.gov using the "Project Narrative Attachment Form" on the application package.

**1. Applicant Organization** - Must match box 8 of the SF-424.

Name:

Email:

Phone:

Fax:

Mailing Address:

**2. Authorized Organization Representative (AOR)** - This person 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:

Email:

Phone:

Fax:

Mailing Address:  Check if same as above

**3. Project Title** - Must match box 15 of the SF-424.

**4. Requested Funds** - Insert the total amount (\$) of Federal funds requested. This must match the amount requested on Line 18a of the SF-424.

\$

## EXECUTIVE SUMMARY

In 250 words or less, briefly describe the project's purpose; activities to be performed, including subawards (when applicable); deliverables and expected outcomes; intended beneficiaries; and any other pertinent information. This summary will be made available to the public.

## ALIGNMENT AND INTENT

Address the following points in this section:

- List the objectives for this project, relating them directly to the issue or need mentioned above. Add objectives as needed:

Objective 1:

Objective 2:

## Objective 3:

**Beneficiaries**

Describe how you will identify the seafood processor and processing vessel beneficiaries that will receive financial assistance through this project.

**TECHNICAL MERIT****Key Staff (Applicant Personnel and External Partner/Collaborators)**

List key project staff and their roles and qualifications. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information. Add more rows as needed.

| <b>Key staff</b><br><i>Name and Title</i> | <b>Role</b> |
|---|-------------|
|   |             |
|   |             |
|   |             |

**Outreach**

Describe the outreach to the seafood processors and processing vessels that will be conducted to maximize the output of assistance to the program's beneficiaries.

**Payment Distribution**

Describe the process by which the seafood processors and processing vessels will request funds relief for safety related expenses associated with workplace safety measures, market pivots, retrofitting facilities, transportation worker housing, and medical in response to the pandemic.

**Work Plan**

Describe the planned activities to achieve each Objective listed in the Alignment and Intent section above. Include the information requested below for each planned activity.

| <b>Objective</b><br><i>Include the objective this activity will be tied to</i> | <b>List and describe each planned activity</b><br><i>Include the scope of work and how it relates to the project objectives</i> | <b>Anticipated completion date</b> | <b>Required resources</b><br><i>For completion of each activity</i> | <b>Milestones</b><br><i>For assessing progress and success of each activity</i>                | <b>Who will do the work?</b><br><i>Include collaborative arrangements or subcontractors</i> |
|--|---|------------------------------------|---|--|---|
|  | Sample Activity 1   | October 20XX                       | Hire contractor<br><br>Training Space                               | Milestone 1:<br>Complete XX assessment<br><br>Milestone 2:<br>Conduct XX food safety workshops | ABC Best Contracting Service<br><br>XYZ Company's Executive Director                        |

| <b>Objective</b><br><i>Include the objective this activity will be tied to</i> | <b>List and describe each planned activity</b><br><i>Include the scope of work and how it relates to the project objectives</i> | <b>Anticipated completion date</b> | <b>Required resources</b><br><i>For completion of each activity</i> | <b>Milestones</b><br><i>For assessing progress and success of each activity</i> | <b>Who will do the work?</b><br><i>Include collaborative arrangements or subcontractors</i> |
|--|---|------------------------------------|---|---|---|
|  |   |                                    |   |   |   |
|  |   |                                    |   |   |   |
|  |   |                                    |   |   |   |
|  |   |                                    |   |   |   |

## FINANCIAL CONTROLS

### Financial Management System and Internal Controls

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR part 200's [Standards for Financial and Program Management](#). Failure to comply with the criteria outlined in the regulations may preclude your organization from receiving an award. The USDA may ask for additional information from applicants to ensure compliance with these accounting standards.

| <b>Requirement</b>   | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| Is there a dedicated accountant or finance manager responsible for monitoring organizational funds?  | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Does your organization have written accounting policies and procedures that meet the requirements associated with <a href="#">2 CFR §200.302</a>?</b> | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>Does your organization have a written account of its internal controls as required by <a href="#">2 CFR §200.303</a>?</b>                             | <input type="checkbox"/> | <input type="checkbox"/> |

### Financial Audits and Reports

| <b>Requirement</b>  | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| Does your organization issue annual financial reports and/or plans? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your organization been audited within the last 5 fiscal years?  | <input type="checkbox"/> | <input type="checkbox"/> |

### Financial Management and Integrity Plan

Describe the process that you will use, including the systems in place, to issue payments to the seafood processors and processing vessels.

Describe your plan to mitigate the risk of waste, fraud, and abuse and ensure payments are appropriately made to the intended the seafood processors and processing vessels when issuing financial assistance. This must include your efforts to assess and document fraud risk.

## ACHIEVABILITY

This section includes the outcome indicator evaluation plan.

### Outcome Indicators

Complete the Outcome and Indicators with baseline and/or estimated realistic target numbers.

#### Outcome 1: To Ensure the Protection for Seafood Processors and Processing Vessels from exposure to COVID-19.

| Indicator | Description  | Estimated number | N/A                      |
|-----------|--|------------------|--------------------------|
| 1.        | Total <u>number</u> of beneficiaries to be reached |                  | <input type="checkbox"/> |

#### Outcome 2: To Provide Relief for Seafood Processors and Processing Vessels for Expenses Associated with Responding to the Pandemic.

| Indicator | Description  | Estimated Amount (\$) | N/A                      |
|-----------|--|-----------------------|--------------------------|
| 2.a.      | <b>Implement workplace safety measures to protect workers against COVID-19</b> <ul style="list-style-type: none"> <li>Provide personal protective equipment, thermometers, cleaning supplies, sanitizer, or hand washing stations</li> <li>Installation and purchase of air filters or new signage</li> </ul>                    |                       | <input type="checkbox"/> |
| 2.b.      | <b>Implement market pivots to protect workers against COVID-19</b> <ul style="list-style-type: none"> <li>Develop and implement online platforms</li> <li>Use online or print materials to communicate market pivots</li> </ul>  |                       | <input type="checkbox"/> |
| 2.c.      | <b>Retrofit Facilities for Worker and Consumer Safety to protect against COVID-19</b> <ul style="list-style-type: none"> <li>Installation and purchase of protective barriers made of plexiglass or plastic sheeting, walk up windows, heat lamps/heaters, fans, tents, propane, weights, tables, chairs and lighting</li> </ul> |                       | <input type="checkbox"/> |
| 2.d.      | <b>Provide additional transportation options to maintain social distancing and worker and consumer safety to protect against COVID-19</b> <ul style="list-style-type: none"> <li>Secure additional transportation services for workers</li> <li>Offer new delivery routes or distribution services</li> </ul>                    |                       | <input type="checkbox"/> |
| 2.e.      | <b>Provide worker housing that protects workers against COVID-19</b> <ul style="list-style-type: none"> <li>Secure additional housing resources/services to maintain social distancing or to allow for quarantining of new or exposed employees</li> </ul>   |                       | <input type="checkbox"/> |
| 2.f.      | <b>Provide health services to protect workers against COVID-19</b> <ul style="list-style-type: none"> <li>Offer or enable vaccinations, testing, or healthcare treatment of infected employees, including any paid leave due to COVID-19 infection.</li> </ul>   |                       | <input type="checkbox"/> |

## Outcome Measurement Plan

For each selected outcome indicator above, describe how you derived the numbers, how and when you intend to evaluate your progress, and any potential challenges to achieving the estimated targets and action steps for addressing them. Add more rows as needed.

| <b>Outcome and indicator #</b><br><i>I.e., 3.i., 6.a., 6.b.</i> | <b>How did you derive the estimated numbers?</b><br><i>I.e., documented background or baseline information, recent research and data, etc.</i> | <b>How and when do you intend to evaluate?</b><br><i>I.e., surveys, 3rd party assessment</i> | <b>Anticipated key factors predicted to contribute to and restrict outcome</b><br><i>Including action steps for addressing identified restricting factors</i> |
|---|--|--|---|
|   |  |  |   |
|   |  |  |   |



## FISCAL PLAN AND RESOURCES

Please complete the Budget and Justification below.

## BUDGET AND JUSTIFICATION

The budget must show the total cost for the project and describe how category costs listed in the budget are derived. The budget justification must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes. The budget must show a relationship between work planned and performed to the costs incurred. Add additional rows to a table as needed.

### Budget Summary

| Expense category                               | Federal funds |
|--|---------------|
| <b>Personnel</b>                               |               |
| <b>Fringe benefits</b>                         |               |
| <b>Travel</b>                                  |               |
| <b>Equipment</b>                               |               |
| <b>Supplies</b>                                |               |
| <b>Contractual/subawards</b>                   |               |
| <b>Other (specify)</b>                         |               |
| <b>Direct costs subtotal</b>                   |               |
| <b>Indirect costs</b>                          |               |
| <b>Total budget</b> <i>(direct + indirect)</i> |               |

## Personnel

List each person who has a substantive role in the project and the amount of the request and/or the value of his or her match. Personnel costs should be reasonable for the services rendered, conform to the established written policy of your organization, and consistently applied to both Federal and non-Federal activities.

| Name, title                | Justification for requesting funds | Level of effort<br>(# of hours OR %<br>FTE) | Annual salary<br>requested | Total funds<br>requested |
|----------------------------|------------------------------------|---|----------------------------|--------------------------|
|                            |                                    |   | Year 1: \$<br>Year 2: \$   | \$                       |
|                            |                                    |   | Year 1: \$<br>Year 2: \$   | \$                       |
|                            |                                    |   | Year 1: \$<br>Year 2: \$   | \$                       |
| <b>Personnel subtotals</b> |                                    |   |                            | <b>\$</b>                |

## Fringe Benefits

Provide the fringe benefit rates for each of the project's salaried employees listed above. The costs of fringe benefits should be reasonable and in line with established policies of your organization.

| Name, Title                     | Fringe Benefit<br>Rate | Funds Requested |
|---------------------------------|------------------------|-----------------|
|                                 |                        | \$              |
|                                 |                        | \$              |
|                                 |                        | \$              |
| <b>Fringe benefits subtotal</b> |                        | <b>\$</b>       |

## 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 organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the Federal Travel Regulations, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <https://www.gsa.gov/>.



| Trip details (Destination, Timing, Justification) | Expense type (airfare, car rental, etc.) | Unit of measure (days, miles, etc.) | # of units | Cost/unit | # of travelers | Funds requested |
|---|--|-------------------------------------|------------|-----------|----------------|-----------------|
|   |  |                                     |            |           |                | \$              |
|   |  |                                     |            |           |                | \$              |
|   |  |                                     |            |           |                | \$              |
| <b>Travel subtotal</b>                            |  |                                     |            |           |                | <b>\$</b>       |

By checking this box, I affirm that my organization's established travel policies will be adhered to when completing the above-mentioned trips in accordance with 2 CFR 200.475 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. Rental of "general purpose equipment" must also be described in this section. Purchase of general purpose equipment is not allowable under this grant.

| Item #                    | Description and funds justification | Rental or purchase? | Date acquired? | Funds requested |
|---------------------------|-------------------------------------|---------------------|----------------|-----------------|
| 1                         |                                     |                     |                | \$              |
| 2                         |                                     |                     |                | \$              |
| 3                         |                                     |                     |                | \$              |
| <b>Equipment subtotal</b> |                                     |                     |                | <b>\$</b>       |

### 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.

| Description and funds justification | Cost/unit | # of units | Date acquired? | Funds requested |
|-------------------------------------|-----------|------------|----------------|-----------------|
|                                     |           |            |                | \$              |
|                                     |           |            |                | \$              |
|                                     |           |            |                | \$              |
| <b>Supplies subtotal</b>            |           |            |                | <b>\$</b>       |

### Contractual

The Contractual section includes contractual, consultant, and subaward agreements that are part of the completion of the project. A subaward is an award provided by the non-federal entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity. Contractual/consultant costs are 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 or subaward, each must be described separately.

| Type   | Name/organization and funds justification | Hourly/flat rate | Funds requested |
|--|---|------------------|-----------------|
| Contract <input type="checkbox"/><br>Subaward <input type="checkbox"/> |   |                  | \$              |
| Contract <input type="checkbox"/><br>Subaward <input type="checkbox"/> |   |                  | \$              |
| Contract <input type="checkbox"/><br>Subaward <input type="checkbox"/> |   |                  | \$              |
| <b>Contractual subtotal</b>  |   |                  | <b>\$</b>       |

By checking this box, I affirm 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 §200.318 through §200.327, as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that 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.

| Description and funds justification | Cost/unit | # Units/pieces purchased | Date acquired? | Funds requested |
|-------------------------------------|-----------|--------------------------|----------------|-----------------|
|                                     |           |                          |                | \$              |
|                                     |           |                          |                | \$              |
|                                     |           |                          |                | \$              |
| <b>Other subtotal</b>               |           |                          |                | <b>\$</b>       |

## Indirect

*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.*

| Indirect cost rate requested (%) | Funds requested |
|----------------------------------|-----------------|
|                                  | \$              |

## Equal Opportunity Statement

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

## Paperwork Burden Statement

According to the Paperwork Reduction Act, as amended, no persons are 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-####. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reading and utilizing this document to prepare an application, reviewing which items are allowable, and understanding the terms and conditions of the grant award.