

# FARM AND FOOD WORKERS RELIEF GRANT PROGRAM

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## PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is **mandatory**. Thoroughly review the Farm and Food Workers Relief 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.

### 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.

#### 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 Type - Check only one. A separate application is required for each project type.

Farm Worker and/or Meatpacking Worker

Grocery Store Worker

#### 4. Project Title - Must match box 15 of the SF-424.

#### 5. 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); established partnerships and outreach activities; 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 the farmworker, meatpacking worker, or grocery store worker beneficiaries that will receive financial assistance through this project.

### Previous or Existing Federal Support

Has this project been submitted to another Federal grant program?

Yes  No

If yes, provide the information below. Provide the agreement number for any awards received in the past 5 years. Add additional rows as needed.

Year	Funding source Program Name, Type of Award (if applicable) and/or AMS Grant Agreement # (if applicable)	Description

If the applicant received previous Federal funding to support similar activities or projects, describe how the proposed project, if funded, would not duplicate that work.

## TECHNICAL MERIT

### Previous Emergency Response Activities

Describe the applicant organization's prior experience providing direct relief to farmworkers, meatpacking workers, or grocery store workers during a national emergency or crisis. When possible, provide program evaluations for comparable programs led or managed by the applicant organization.

## 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.

Key staff Name and Title	Role

## Outreach

Describe the outreach to farmworkers, meatpacking workers, or grocery store workers that will be conducted to maximize the output of assistance to the program's beneficiaries.

## Relief Application Process

Describe the process by which workers will request support to receive up to \$600 per person in relief for reasonable and necessary personal, family, or living expenses such as, but not limited to: costs for personal protective equipment (PPE), expenses associated with quarantines and testing, and dependent care.

## 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.

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

## 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.

Requirement	Yes	No
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

Note: Recipients that expend \$750,000 or more in Federal awards during their fiscal year must have a single or program-specific audit conducted for that year. (See [Subpart F of 2 CFR part 200](#).)

Requirement	Yes	No
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 farmworkers, meatpacking workers, or grocery store workers.

Describe your plan to mitigate the risk of waste, fraud, and abuse and ensure payments are appropriately made to the intended farmworkers, meatpacking workers, or grocery store workers when issuing financial assistance. This must include your efforts to assess and document fraud risk and avoiding duplicate payments to beneficiaries.

## 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 implement outreach activities to inform eligible beneficiaries of the availability of FFWR payments.**

Indicator	Description	Estimated	N/A
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		number	
1.a.	Number and category of outreach material types created (i.e., print, digital, audio)		<input type="checkbox"/>
1.b.	Of the number in 1.a., the number of languages used to create outreach materials for program beneficiaries.		<input type="checkbox"/>
2.a.	Number of outreach activities conducted (i.e., webinars held, social media posts issued, radio ads run)		<input type="checkbox"/>
2.b.	Of the number in 2.a., the number of audience members reached (i.e., webinar participants, engagements)		<input type="checkbox"/>
3.	Number of media outlets reached (i.e., published communications materials)		<input type="checkbox"/>

**Outcome 2: To distribute FFWR payments to eligible beneficiaries.**

Indicator	Description	Estimated number	N/A
1.a.	Total number of payments distributed to beneficiaries		<input type="checkbox"/>
1.b.	Of the number in 1.a., the number of payments made to farm workers		<input type="checkbox"/>
1.c.	Of the number in 1.a., the number of payments made to meatpacking workers		<input type="checkbox"/>
1.d.	Of the number in 1.a., the number of payments made to grocery store workers		<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.

Outcome and indicator # <i>i.e., 3.i., 6.a., 6.b.</i>	How did you derive the estimated numbers? <i>i.e., documented background or baseline information, recent research and data, 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>



## 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 (# of hours OR % FTE)	Annual salary requested	Total funds requested
			Year 1: \$ Year 2: \$	\$
			Year 1: \$ Year 2: \$	\$
			Year 1: \$ 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 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"/> Subaward <input type="checkbox"/>			\$
Contract <input type="checkbox"/> Subaward <input type="checkbox"/>			\$
Contract <input type="checkbox"/> 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.