USDA REGIONAL FOOD Business CenterS PROGRAM

PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is **mandatory**. Thoroughly review the Regional Food Business Center 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:

1. **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 #1.

1. **Project Coordinator or Director** – *This person should be a different individual than the AOR.*

Name:

Email:

Phone:

Fax:

Mailing Address:  Check if same as #1.

1. **Lead Entity –** Identify the lead partner on your application.

Producer Network or Association

Food Council

☐ Tribal Government

☐ State Agency or Regional Authority

☐ Institution of Higher Education

☐ Nonprofit Corporation

☐ Economic Development Corporation ☐ Other (please specify)

1. **Partnership Entity(ies)** – *Identify the partners on your application. Note: letters of commitment are required from partners.*

Producer Network or Association

Food Council

☐ Tribal Government

☐ State Agency or Regional Authority

☐ Institution of Higher Education

☐ Nonprofit Corporation

☐ Economic Development Corporation

☐ Other (please specify)

1. **Geographic Region –** *List the states that your proposed region is supporting (include any partial states).*
2. **Does the Geographic Region include:**

☐ [Indian Country](https://biamaps.doi.gov/bogs/staticmaps.html) (potentially including multiple geographic regions – up to nationwide)

☐ [Colonias](https://files.hudexchange.info/resources/documents/Colonia-Community-Map.pdf) (counties on the US/Mexico border)

☐ High need areas of the Southeast

☐ High need areas of Appalachia

1. **Project Title - Must match box 15 of the SF-424.** – *Project title should be Regional Food Center with the region or state names.*
2. **Requested Regional Food Centers Funds -** *Insert the total amount ($) of Federal funds requested. The amount must be between $15M to $50M and 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.

# Geographic FocuS

*Describe the proposed geographic region and priority area(s), why it is the most appropriate place for a Regional Food Center. Include justification for the priority areas and potential market connections to other areas within the region.*

* *Describe the lead applicant and any key partners’ history, including prior collaborative efforts, commitment from local industry and government entities, and track record working in the identified region. Explain why the lead entity and key partners are well-equipped to serve this region.*
* Describe the region’s assets, including physical infrastructure, existing technical assistance resources, existing markets, and organizations that can support these efforts, and how the Regional Food Center will meet the needs of the geographic region and develop new assets to support the region’s food systems.
* Describe how the Regional Food Center will focus on underserved communities and where it will focus its services, using data, identify which areas of historic economic distress will be supported.

# ALIGNMENT AND INTENT

Provide a project overview and work plan that describe how the proposed Regional Food Center will:

* Meet the goals, activities, and requirements outlined in the RFA. Include data and/or estimates that describe the extent of the issue or need and justify the objectives and approach.
* Address the following points:
  + Plans for coordination, communication, data sharing, and reporting across the region, with other Regional Food Centers, and other stakeholder groups.
  + History of collaboration and engagement among partners in the region or plan for such engagement.
  + Plans for addressing the three main pillars of work: coordination, technical assistance, and capacity building.
  + Describe immediate challenges and activities the Regional Food Center intends to take.
  + Describe the technical assistance needs of new and existing food businesses in the region.

# SUSTAINABILITY

Describes how the work, including partnerships, will be sustained beyond the agreement’s period of performance (without federal funds) and/or how the project will lay the foundation for future resilience in the region after the project ends.

# PartNers and Expertise

Your description must describe prior activities the lead entity, subawardees, and/or partners have engaged in that demonstrate their experience, expertise, and ability related to project responsibilities and goals. Successful applications will describe a substantial, effective, and diverse array of relevant partners, including organizations operated by historically underserved groups.

## Key Staff (Applicant Personnel and External Partner/Collaborators)

*Describe your project management plan for coordination, communication, and data sharing and reporting among members of the Project Team and stakeholder groups, including both internal applicant personnel and external partners and collaborators. List key project partner staff that comprise the Project Team, their roles, and* ***provide a one-page resume or summary of relevant experience and/or qualifications for each of the participants listed.*** *Longer resumes or summaries will be disregarded. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 4.2.4 in the RFA). Add more rows as needed.*

|  |  |  |
| --- | --- | --- |
| **Key staff**  *Name and Title* | **Organization** | **Role** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

*Provide the information below for each partner. A letter of commitment from each partner must be included with the application. Add more rows as needed.*

|  |  |  |
| --- | --- | --- |
| **Name** | **Type** | **Role** |
| Ex. – XYZ organization | Non-profit | RFC Grant administrator |
|  |  |  |
|  |  |  |

# Diversity, EQUITY, and Inclusion

*Describe the lead applicant and any key partners’ history, including prior collaborative efforts, commitment, and track-record working with individuals and groups who have been* *historically underserved, marginalized, and adversely affected by persistent poverty and inequality. Describe key partners’ relationships and level of trust with historically underserved populations.*

*Describe the process that the Regional Food Center plans to use to include and reach diverse stakeholders in project development and structure to implementation.*

*Identify any real or potential challenges to recruiting and engaging partners from historically underserved or non-traditional communities, particularly those that have not traditionally partnered with USDA. Describe possible strategies to address challenges.*

# Monitoring and Evaluation

Describe a monitoring and evaluation plan that identifies feedback mechanisms and metrics that measure the results of project activities. Describe the systems and infrastructure that will be used to collect and compile data and reports from partners and sub-agreements. Describe plans for coordination, communication, appropriate data sharing and necessary systems to monitor and collect evaluation data.

# FISCAL PLAN AND Financial Controls

*Please complete the Budget and Justification below. In addition, describe the lead applicant’s fiscal management plan, including:*

* *Commitment from the organizational leadership.*
* *Key staff who will be responsible for managing the financial systems.*
* *Expertise and experience of the project team necessary to successfully manage the funds and implement the project.*
* *Information on the organization’s ability to manage a large number of sub-agreements.*
* *Demonstrated successful financial audit history.*

# 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.*

*Refer to* ***RFA Section XXX - Activities not Eligible for Funding*** *for more information on allowable and unallowable expenses.*

*Define what percentage of funds will be used for agreement administration, coordination, technical assistance, and capacity building. Describe how this breakdown meets the region’s needs.*

|  |  |
| --- | --- |
| **Administration** | *%* |
| **Coordination** | *%* |
| **Technical Assistance** | *%* |
| **Capacity Building** | *%* |
|  | *100%* |

## Budget Summary

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

## 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** |
|  |  |  | | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |
|  |  |  | | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |
|  |  |  | | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |
| **Personnel subtotals** | | |  | | |

## 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** | |
|  |  | | $ | |
|  |  | | $ | |
|  |  | | $ | |
| **Fringe benefits subtotal** | | **$** | |

## 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 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/*](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** |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
| **Travel subtotal** | | | | | | **$** |

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** |  |  |  | | $ | |
| **Equipment subtotal** | | | | **$** | |

## 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** | |
|  |  |  |  | $ | |
|  |  |  |  | $ | |
|  |  |  |  | $ | |
| **Supplies subtotal** | | | | | **$** | |

## 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**  **Subaward** |  |  | | $ |
| **Contract**  **Subaward** |  |  | | $ |
| **Contract**  **Subaward** |  |  | | $ |
| **Contractual subtotal** | | | **$** | | |

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 §§ 200.317 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** | |
|  |  |  |  | $ | |
|  |  |  |  | $ | |
|  |  |  |  | $ | |
| **Other subtotal** | | | | | **$** | |

## 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. For the indirect cost formula and additional information, refer to Section 4.6.1 of the RFA.*

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

## 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.*

|  |  |  |
| --- | --- | --- |
| **Income source** | **Description of how income is reinvested** | **Funds expected** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Program income total** | | **$** |

**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 0581-0240. 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.

**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.**