

# MEAT AND POULTRY PROCESSING INFRASTRUCTURE GRANT PROGRAM

## PROJECT NARRATIVE TEMPLATE

Thoroughly review the Meat and Poultry Processing Infrastructure Grant (Infrastructure Grant) Program RFA before completing this required form. This 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 as applicable:**
- a. **Business Permit (EIN / UBI #):** .. Enter the Applicant Organization’s Business Permit Identifier
  - b. **State/County/Municipality License Number:** .. Enter the Applicant License Number
  - c. **State where Business is Located:** .. Enter the Applicant State Identifier

### AUTHORIZED ORGANIZATION 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  
**Is the facility currently operating?**  Yes  No  
**What is the facility’s current inspection status?**
- Currently have a Federal Grant of Inspection (including conditional and permanent)
  - Currently under state inspection participating in the CIS program
  - Planning to obtain a Federal Grant of Inspection or participate in the Cooperative Interstate Shipment (CIS) program.

**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? Select all that apply.**  Livestock

Poultry  Siluriformes (catfish)  Other (please specify):

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

**FOR EXAMPLE:**

The ABC Processing Plant is a small multiple-species harvest and processing plant that provides fee-based meat processing services to livestock producers and manufactures processed meat for sale to wholesale or retail customers. The species and number of animals processed per week include ~25 to 32 beef cattle per week and a similar number of hogs and lambs/goats. We have 7 to 11 full-time workers. The plant is in a rural district and operates in a 6,200 sq. ft. building that includes a dug well for water, a commercial septic system for wastewater treatment and compost station for decomposition of waste tissues from the plant.

**COMPLIANCE WITH GOI, CIS, AND NEPA REGULATIONS**

I have read and understand the regulatory compliance requirements of the National Environmental Protection Act (NEPA) (Pub. L. 91-190, 83 Stat. 852, 42 USC § 4321 et. seq.). See Section 1.4 in the RFA for assistance with this requirement

I have read and understand the regulatory compliance requirements that need to be met to obtain a Federal Grant of Inspection or compliance with a State Grant of Inspection for participation in CIS if the producer intends to seek a GOI or CIS for new or existing activities. If you need assistance making this determination, see Section 1.3 Award Conditions and 1.4 Project Types in the RFA.

**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 \$3,000,000):**

Enter Total Funds Requested Amount \$

**DURATION OF PROJECT (MUST MATCH PERIOD OF PERFORMANCE ON SF-424 FORM)**

**Start Date:**

Start Date

**End Date:**

End Date

**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.*

*PROJECT Objectives must relate to expanding and diversifying meat and poultry processing capacity; increase producer income; provide producers an opportunity to have ownership in processing facilities; create stable, well-paying jobs in rural regions; raise the bar on worker health, safety, training, and wages for meatpacking jobs; spur collaboration among producers and workers; prompt state, tribal, and private co-investment; and provide consumers with more choices.*

**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.)*

**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		

**ACHIEVABILITY**

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

All applicants must identify at least one outcome and indicator from the list below that will be addressed through your grant project. You also may create your own outcome and indicator that identifies the expected short term and long-term impacts of your work. You will need to establish baseline numbers and/or estimate realistic target numbers for the outcome(s) and indicator(s) you select.

For example:

**Outcome 1, Indicator 1.2.b.**

Increased slaughter or processing capacity by \$15,000 dollars.

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
<b>1.1</b>	Total number of efficiency and capacity improvements made to: <ul style="list-style-type: none"> <li>1.1.a.: Infrastructure (e.g., facility or building)</li> <li>1.1.b.: Slaughter or Processing Equipment/Technologies</li> <li>1.1.c.: Storage Equipment for carcasses or finished product</li> <li>1.1.d.: Other</li> </ul>	_____	<input type="checkbox"/>
<b>1.2</b>	Increased slaughter or processing capacity measured in: <ul style="list-style-type: none"> <li>1.2.a.: Varieties of meat and/or poultry</li> <li>1.2.b.: Dollars</li> <li>1.2.c.: Volume (in Pounds)</li> <li>1.2.d.: Percentage change, or</li> <li>1.2.e.: Combination of volume and average price because of efficiency and capacity improvements</li> </ul>	_____	<input type="checkbox"/>
<b>1.3</b>	Updates to or expansion of existing infrastructure (large equipment or buildings, cooler space, waste management systems, etc.) improved		<input type="checkbox"/>

Indicator	Description	Estimated Number	N/A
	efficiency by: <ul style="list-style-type: none"> <li>1.3.a.: Reducing waste of product</li> <li>1.3.b.: Reducing waste from facility</li> <li>1.3.c.: Increasing capacity to move volume</li> <li>1.3.d.: Decreased slaughter or processing time</li> </ul>	_____	

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

Indicator	Description	Estimated Number	N/A
2.1	Number of Infrastructure Grant-related jobs <ul style="list-style-type: none"> <li>2.1.a: Created</li> <li>2.1.b: Maintained</li> </ul>	_____	<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 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"> <li>3.1.a: The number of existing market access points that expanded livestock or poultry product offerings</li> <li>3.1.b: The number of new market access points</li> </ul>	_____	<input type="checkbox"/>
3.2	Number of livestock or poultry stakeholders (which may include producers, distributors, retail, or wholesale customers, etc.) that benefited from the improved efficiency and capacity.		<input type="checkbox"/>
3.3	Total number of new/improved distribution systems developed_. Of those, the number that <ul style="list-style-type: none"> <li>3.3.a: Stemmed from new partnerships</li> <li>3.3.b: Increased efficiency</li> <li>3.3.c: Reduced costs</li> <li>3.3.d: Expanded customer reach</li> <li>3.3.e: Increased producer participation</li> </ul>	_____	<input type="checkbox"/>

**Outcome 4: Community Impact & Support**

Community impact and support, as well as any strategies to generate additional community support.

Indicator	Description	Estimated Number	N/A
4.1	Number of strategies developed to increase community support		<input type="checkbox"/>
4.2	Estimated Dollars of community support		<input type="checkbox"/>
4.3	Number of partnerships developed to increase support		<input type="checkbox"/>

**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, FINANCIAL VIABILITY, AND RESOURCES**

All expenses described in your Budget Narrative must describe how the funding amounts will be used to expand and diversify meat and poultry slaughter and processing capacity; increase livestock producer income; provide producers an opportunity to have ownership in processing facilities; create stable, well-paying jobs in rural regions; raise the bar on worker health, safety, training, and wages for meatpacking jobs; spur collaboration among producers and workers; prompt state, tribal, and private co-investment; and provide consumers with more choices. If the applicant is attempting to acquire a GOI or participate in CIS, they must note why this funding will help them meet the basic regulatory requirements to obtain a Federal Grant of Inspection or participation in CIS with a State Grant of Inspection as stated in the section labeled "COMPLIANCE WITH GOI, CIS or NEPA REGULATIONS" listed above.

Applicants should review the Request for Applications section 4.6 Funding Restrictions prior to developing their budget narrative. The application must be unique to the specific projects requesting funding. Reviewers will deduct points from applications whose project descriptions are similar to other Infrastructure Grant applications.

**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 4.6 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Costs Consistently under section 4.7.1 for further guidance.

#	Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1			
2			
3			
<b>Personnel Subtotal (must match 424a form)</b>			

**PERSONNEL JUSTIFICATION**

For everyone 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 Infrastructure Grant funds.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
<b>Fringe Benefits Subtotal (must match 424a)</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 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 4.6 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							
<b>Travel Subtotal (must match 424a)</b>							

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 left, I confirm that personnel associated with this project will adhere to our organization's established travel policies when completing the above-mentioned trips in accordance with 2 CFR 200.475 or [48 CFR subpart 31.2](#) as applicable. [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. This may include specialized processing equipment not readily available. See the Request for Applications section 4.6 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 4.6 Allowable and Unallowable Costs and Activities, for more information.

#	Item Description	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
<b>Equipment Subtotal (must match 424a)</b>				

EQUIPMENT JUSTIFICATION

For each piece of Equipment listed in the table above, 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 the Infrastructure Grant for improvements that maybe necessary to meet basic regulatory requirements for the currently operational facility.

Please note whether the construction will be minor alterations and renovations, or major construction as defined below:

Major Construction is defined as constructing a building, structure or facility, including the installation of equipment, site preparation, landscaping, associated roads, parking, environmental mitigation, and utilities. If no facility currently exists on a site, building a new facility from the ground-up is considered major construction.

Minor alterations and renovations are defined as the alteration, repair, remodeling, and or renovation of a building which, when completed, will render the building suitable for use by the project the grant is made. Minor alterations and renovations are made to existing facilities and structures.

#	Description and Justification	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
<b>Construction Subtotal (must match 424a)</b>				

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 20-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 processor competitiveness. See Request for Applications section 4.6 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					
<b>Supplies Subtotal (must match 424a)</b>					

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, describe each 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			
<b>Contractual/Consultant Subtotal (must match 424a)</b>			

**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 4.6 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 left, 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, adequately justify that these costs are not entertainment costs. See Request for Applications section 4.6 Allowable and Unallowable Costs and Activities, Meals for further information.

Item Description	Per-Unit Cost	Number of Units	Acquire When?	Funds Requested
<b>Other Subtotal (must match 424a)</b>				

**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
<b>Indirect Subtotal (must match 424a)</b>	

**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. 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.
- d. 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.
- e. I understand that I will need written accounting policies and procedures that meet the requirements associated with 2 CFR §200.302 before conducting award activities.
- f. I understand that I will need written account of my organization's internal controls as required by 2 CFR §200.303 before starting my grant project.

g. I have read and attest that my project will comply with the National Environmental Protection Act (NEPA) (Pub. L. 91-190, 83 Stat. 852, 42 USC § 4321 et. seq.)

h. 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, 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-XXXX. Public reporting burden for this collection of information is estimated to average 10 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.