

INDIGENOUS ANIMALS HARVESTING AND MEAT PROCESSING GRANT PROJECT NARRATIVE TEMPLATE

The Applicant should include a project narrative that detail the necessary information to fulfill the goals and objectives of the project. The acceptable font size for the narrative is 11 or 12 pitch with all margins at 1 inch. The following information must be included in each project profile.

APPLICANT INFORMATION

- Applicant Organization:** Enter the Applicant Organization's Name
SAM.gov UEI: Enter the Applicant Organization's UEI
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:** Enter the Applicant Organization's Business Permit Identifier
 - b. **License Number:** Enter the Applicant License Number
 - c. **State Identifier:** 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.

- 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

FUNDING REQUEST

Insert the total amount (\$) of Federal funds requested.

Total Funds Requested: Enter Total Funds Requested Amount \$

PROJECT TITLE

Provide a descriptive project title in 15 words or less in the space below.

Click or tap here to enter text.

DURATION OF PROJECT

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 very brief (one to 3 sentence, if possible) description of your project. A Project Summary includes:

1. The name of the applicant organization that if awarded a grant will lead and execute the project,
2. The project's purpose, deliverables, and expected outcomes and
3. A description of the general tasks/activities to be completed during the project period to fulfill this goal.

FOR EXAMPLE:

The ABC Tribal Organization plans to purchase 5 cold storage units to be installed at their processing facility for humane slaughtering of buffalo. By installing these cold storage units, the ABC Tribe will be able to process more of their herd. Expanding processes will increase employment opportunities, income, and food security to the Tribal community.

Click or tap here to enter text.

PROJECT PURPOSE

PROVIDE THE SPECIFIC ISSUE, PROBLEM OR NEED THAT THE PROJECT WILL ADDRESS

Describe how the proposed activities will increase animal protein processing capacity, enhance food safety and cleanliness, and increase Tribal food security with a focus on fair and equitable community food distribution.

Click or tap here to enter text.

PROPOSED PROJECT ACTIVITIES

Select all that apply

- Build, expand, or upgrade community indigenous meat, food-sovereignty harvesting/processing facilities (fixed or mobile)
- Purchase and modernization of an inoperable or outdated processing facility

- Enhance infrastructure to improve humane handling and humane slaughter
- Purchase and install traditional implements and equipment necessary, with modifications as appropriate, for indigenous slaughter and processing methods
- Expand processing capacities to add species or increase volume
- Purchase or upgrade mobile harvest and/or processing units and supporting equipment
- Purchase or upgrade processing and manufacturing equipment (including cutting equipment, mixers, grinders, breaders, sausage stuffers, smokers, curing equipment, pipes, motors, pumps, and valves)
- Purchase or upgrade cold storage to support the protein processing facilities
- Construction of holding pens
- Construction of wastewater management structures
- Other: Click or tap here to enter text.

PROVIDE A LIST OF THE OBJECTIVES THAT THIS PROJECT HOPES TO ACHIEVE

Add more objectives by copying and pasting the existing listing or delete objectives that aren't necessary.

Objective 1: Click or tap here to enter text.

Objective 2: Click or tap here to enter text.

Objective 3: Click or tap here to enter text.

Objective 4: Click or tap here to enter text.

Add objectives as necessary.

MANAGEMENT AND WORK PLAN

MANAGEMENT PLAN

Describe your management plan, including personnel and external project partners who will lead, coordinate, and carry out activities under this project.

Click or tap here to enter text.

WORK PLAN

In the table below, describe the activities planned in order to achieve each Objective listed above. These activities are not limited to those listed in the Project Purpose section. Include the information requested below for each planned activity.

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

LONG-TERM VIABILITY

Describe the design and plan to maintain the long-term viability of the animal processing operation.

Click or tap here to enter text.

PROJECT BENEFICIARIES

Describe who will benefit from your facility improvements and/or increased processing capacity.

Click or tap here to enter text.

Estimate the number of project beneficiaries: Enter the Number of Beneficiaries:

OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS

Has this project been submitted for funding to a Federal or State grant program other than the IAG and/or is a Federal or State grant program other than the IAG funding the project currently?

Yes

No

If yes, answer the questions below:

Identify the Federal or State grant program(s).

Click or tap here to enter text.

Describe how the IAG project differs from or supplements the other grant program(s) efforts. Or, if applying to two grants for the same project, describe why. (This may be because the project is eligible for another program and you want to maximize potential for funding if not selected for this program.)

Click or tap here to enter text.

EXTERNAL PROJECT SUPPORT

Describe the stakeholders who support the need for this project and why (other than the applicant and organizations involved in the project).

Click or tap here to enter text.

EXPECTED MEASURABLE OUTCOMES

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

You must choose at least one of the three outcomes listed in the **IAG Performance Measures** to evaluate the performance of the IAG on a national level.

OUTCOME MEASURE(S)

Select the outcome measure(s) that are applicable for this project from the listing below.

- Outcome 1: To improve meat and poultry processing efficiency and capacity.**
- Outcome 2: To increase capability to process meat and poultry**
- Outcome 3: To build stronger food supply chains and benefit local communities by expanding product and market development opportunities**

OUTCOME INDICATOR(S)

Provide at least one indicator listed in the **IAG Performance Measures** and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

FOR EXAMPLE:

Outcome 1, Indicator 1.1a

1.1 Total number of efficiency and capacity improvements made to:

1.1a Infrastructure (e.g., facility or building) 4

Click or tap here to enter text.

MISCELLANEOUS OUTCOME MEASURE

In the unlikely event that the outcomes and indicators above the selected outcomes are not relevant to your project, you must develop a project-specific outcome(s) and indicator(s) which will be subject to approval by AMS.

Click or tap here to enter text.

DATA COLLECTION TO REPORT ON OUTCOMES AND INDICATORS

Explain how you will collect the required data to report on the selected outcomes and indicators in the space below.

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>

BUDGET NARRATIVE

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 the RFA for more information on allowable and unallowable expenses.

If applicable, ensure that you have **included Critical Resources and Infrastructure letter(s)** to support the application information (see RFA for additional information on this requirement).

BUDGET SUMMARY

Expense Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Construction	
Contractual	
Other	
Direct Costs Sub-Total	
Indirect Costs	
Total Budget	

PERSONNEL

List the organization's employees whose time and effort can be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops. See the Request for Applications section 4.5 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.2 for further guidance.

#	Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1			
2			
3			
4			

Personnel Subtotal: Click or tap here to enter text.

PERSONNEL JUSTIFICATION

For each individual 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: Click or tap here to enter text.

Personnel 2: Click or tap here to enter text.

Personnel 3: Click or tap here to enter text.

Add other Personnel as necessary

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 IAG funds.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
4			

Fringe Subtotal: Click or tap here to enter text.

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 4.5 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							
4							
5							
6							
7							

Travel Subtotal: Click or tap here to enter text.

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): Click or tap here to enter text.

Trip 2 (Approximate Date of Travel MM/YYYY): Click or tap here to enter text.

Trip 3(Approximate Date of Travel MM/YYYY): Click or tap here to enter text.

Add other Trips as necessary

CONFORMING WITH YOUR TRAVEL POLICY

By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](#) 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. See the Request for Applications section 4.5 Allowable and Unallowable Costs and Activities, Equipment - Special Purpose for further guidance

Rental of “general purpose equipment” must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. See Request for Applications section 4.5 Allowable and Unallowable Costs and Activities, Equipment - General Purpose for definition, and Rental or Lease Costs of Buildings, Vehicles, Land and Equipment.

#	Item Description	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
4				

Equipment Subtotal: Click or tap here to enter text.

EQUIPMENT JUSTIFICATION

For each Equipment item listed in the above table describe 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: Click or tap here to enter text.

Equipment 2: Click or tap here to enter text.

Equipment 3: Click or tap here to enter text.

Add other Equipment as necessary

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 supporting the middle of the food supply chain. See Request for Applications section 4.5 Allowable and Unallowable Costs and Activities, Supplies and Materials, Including Costs of Computing Devices for further information.

Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested

Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested

Supplies Subtotal: Click or tap here to enter text.

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).

Click or tap here to enter text.

CONSTRUCTION¹

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.

#	Description	Acquire When?	Funds Requested
1			
2			
3			
4			
5			

Construction Subtotal: Click or tap here to enter text.

CONSTRUCTION JUSTIFICATION

Describe the need for construction costs. For projects involving construction, include any design and construction documents. If you are selected for funding, the agency will follow the construction planning and performing development regulation at [7 CFR 4280.125](#) (available at the following link <https://go.usa.gov/xzcMn>).

Construction 1: Click or tap here to enter text.

Construction 2: Click or tap here to enter text.

Construction 3: Click or tap here to enter text.

Add other Construction as necessary:

COMPLIANCE WITH NEPA REGULATIONS

By checking the box to the right, I confirm that 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 1.8 in the RFA for assistance with this requirement. I confirm all Infrastructure recipients will meet NEPA requirements before practices will begin.

¹ 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. Minor alterations and renovations are made to existing facilities and structures.

Be sure to attach the AMS Environmental Checklist provided on the AMS website to support the application information (see RFA for additional information on this requirement).

CONTRACTUAL/CONSULTANT²

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, each must be described 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			
4			

Contractual/Consultant Subtotal: Click or tap here to enter text.

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 4.5 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.

Contractor/Consultant 1: Click or tap here to enter text.

Contractor/Consultant 2: Click or tap here to enter text.

Contractor/Consultant 3: Click or tap here to enter text.

Add other Contractors/Consultants as necessary

CONFORMING WITH YOUR PROCUREMENT STANDARDS

By checking the box to the right, 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](#)

² 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.

[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, provide an adequate justification to support that these costs are not entertainment costs. See Request for Applications section 4.5 Allowable and Unallowable Costs and Activities, Meals for further guidance.

Item Description	Per-Unit Cost	Number of Units	Acquire When?	Funds Requested

Other Subtotal: Click or tap here to enter text.

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).

Click or tap here to enter text.

INDIRECT COSTS

Indirect costs (also known as "facilities and administrative costs"—defined at [2 CFR § 200.414](#)) 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 4.5.2 of the RFA.

Indirect Cost Rate (%)	Funds Requested

Indirect Subtotal: Click or tap here to enter text.