

# STATE PLAN APPLICATION TEMPLATE

The State department applicant must include the following information once at the beginning of the State Plan.

## RECIPIENT INFORMATION

**State Department/Agency:** ..... Enter Department/Agency Name

## STATE PLAN COORDINATOR

List the person at the State department/Agency directly responsible for administering the state plan.

**Coordinator Name:** ..... Enter the Coordinator's Name  
**Title:** ..... Enter the Coordinator's Title  
**Phone Number:** ..... Enter the Coordinator's Phone Number  
**Email:** ..... Enter the Coordinator's Email

## OUTREACH

### OUTREACH TO STAKEHOLDERS TO IDENTIFY FUNDING PRIORITIES

States are required to conduct outreach to middle of the supply chain stakeholders to receive and consider public comment to identify state funding priority prior to development of your request for infrastructure grant applications.

### IDENTIFY FUNDING PRIORITIES

Provide the steps you took to conduct outreach to identify funding priorities.

### IDENTIFIED FUNDING PRIORITIES

Provide the funding priority needs identified through your outreach to middle of the supply chain stakeholders. Add more funding priorities by copying and pasting the existing listing or delete funding priorities that aren't necessary.

- Expand capacity for processing, aggregation and distribution of agricultural products to create more and better markets for producers;
- Modernize manufacturing, tracking, storage, and information technology systems;
- Enhance worker safety through adoption of new technologies or investment in equipment or facility improvements;
- Improve the capacity of entities to comply with federal, state, and local food safety requirements;
- Improve operations through acquiring consultant services and training opportunities;
- Support construction of a new facility or purchase of an inoperable facility;

- Modernize or expand an existing facility (including expansion and modifications to existing buildings and/or construction of new buildings at existing facilities, , construction of wastewater management structures, etc.); and
- Modernize processing and manufacturing equipment.
- Other: \_\_\_\_\_

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## PARTNER AND COLLABORATOR ORGANIZATIONS

*List the partners and collaborators you intend on working with for coordination and technical assistance activities, or to conduct outreach for the Infrastructure Grant competition. Add more items by copying and pasting the existing listing or delete items that aren't necessary. Please be sure to attach letters of commitment for each listed partner/collaborator to your application package as referenced within the RFA section 5.2.6.*

**Partner/Collaborator 1**

**Partner/Collaborator 2**

**Partner/Collaborator 3**

**Add other Partner/Collaborator as necessary**

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## OUTREACH TO NEW AND BEGINNING FARMERS, SMALLER FARMS AND RANCHES, VETERAN FARMERS, AND HISTORICALLY UNDERSERVED PRODUCERS

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### IDENTIFYING NEW AND BEGINNING FARMERS, SMALLER FARMS AND RANCHES, VETERAN FARMERS, AND HISTORICALLY UNDERSERVED PRODUCERS

*Describe the methods used to identify the priorities set forth in the RFA section 1.4.4*

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### ENGAGING NEW AND BEGINNING FARMERS, SMALLER FARMS AND RANCHES, VETERAN FARMERS, AND HISTORICALLY UNDERSERVED PRODUCERS

*Describe the methods used to reach out to these groups to inform them about the CFSI.*

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## COMPETITIVE REVIEW PROCESS

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### PROPOSAL SOLICITATION

*Describe the methods you will use to solicit proposals that meet the identified funding priorities.*

## APPLICATION STATE REVIEW PANEL

### REVIEWER SELECTION

*Describe how you will select state reviewers to ensure the review panel consists of technical experts from various fields, who are qualified and able to perform high quality and fair reviews.*

### REPRESENTED FIELDS OF EXPERTISE

*Provide the fields of expertise the review panel members will represent (i.e., botanists, food nutrition experts, commodity association representatives, etc.).*

### PREVENTING REAL OR PERCEIVED CONFLICT OF INTEREST

*Describe how you will document and ensure reviewers are free from conflicts of interest (i.e., reviewers signed a conflict of interest statement).*

## SHARING THE RESULTS OF COMPETITIVE PROCESS WITH APPLICANTS

*Describe how you will provide results of the peer review panel to the infrastructure grant applicants while ensuring the confidentiality of the review panel members.*

## AWARD PLAN MANAGEMENT

### WORK PLAN

*Describe the activities, resources, and timeline associated with outreach, application process, supply chain coordination, and award management efforts.*

<b>Describe each planned activity</b> <i>Include the scope of work and how it relates to the project objectives</i>	<b>Anticipated Completion Date</b>	<b>Required Resources</b> <i>For completion of each activity</i>	<b>Milestones</b> <i>For assessing progress of each activity</i>	<b>Who will do the work?</b> <i>Such as collaborative arrangements or subcontractors</i>
<b>Sample Activity 1</b>	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


**INFRASTRUCTURE GRANTS PLAN**

*Provide a detailed description of how you will determine Infrastructure Grant award amounts as referenced in the RFA section 1.4.5.*

**SUPPLY CHAIN COORDINATION (OPTIONAL)**

*If you are opting to use Supply Chain Coordination funds, describe how you will use these funds to support market development and supply chain coordination in state. Please note, these funds are not to exceed 20% of the primary award and must support the purpose of this program. Please be sure to notate these funds within the Other cost category in the budget narrative section. (A detailed breakdown of activities and funding allocations for these activities must be sent to AMS for approval prior to implementing and expending these funds.)*

**OVERALL STATE PLAN BUDGET SUMMARY**

*Please ensure the total budget equals the State’s available award allocation and that the total indirect costs do not exceed the NICRA or a de minimis rate of 10 percent of your total grant request.*

#	Project Title	Direct	Indirect	Total
1	<b>State Award Administration</b> <i>(not including supply chain coordination and infrastructure grants)</i>			
2	<b>Infrastructure Grants Sum</b>			
3	<b>Supply Chain Coordination</b> <i>(Optional)</i>			
<b>Total</b>				

**STATE APPLICANT OVERSIGHT**

*If you are using award funds for direct administration of the cooperative agreement, provide the start and end dates for the use of these funds.*

**Start Date:**                      Start Date    **End Date:**                      End Date

## AGREEMENT ADMINISTRATION BUDGET NARRATIVE

All expenses described in this Budget Narrative must be associated with administration expenses for the Competitive Food Systems Infrastructure (CFSI). Applicants should review the Request for Applications section 4.0 Funding Considerations prior to developing their budget narrative.

AMS encourages all recipients to include the agreement administrative funds in their budget narrative, which can be used for costs such as monitoring subrecipients, ensuring award recipient and subrecipient compliance with regulations and requirements, and grant management training. Recipients are encouraged to conduct periodic site visits to review project accomplishments and monitor progress, to review financial and performance records, organizational procedures and financial control systems and to provide technical assistance to subrecipients as required. These recommended site visits are meant to support accountability, compliance with regulations and requirements, and achievements of subrecipients.

**All Infrastructure Grant Awards and Supply Chain Coordination Funds should be listed as a total sum within the Other category.**

Budget Summary	
Expense Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual	
Other	
<b>Direct Costs Subtotal</b>	
<b>Indirect Costs</b>	
<b>Total Budget:</b>	

Budget Breakdown by Year			
Year 1	Year 2	Year 3	Total

### 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 mid-supply chain and infrastructure efforts of this cooperative agreement. See the Request for Applications section 4.4 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently for further guidance.

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

**Personnel Subtotal:**

### 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:**

**Personnel 2:**

**Personnel 3:**

**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 CFSI funds.

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

**Fringe 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 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 4.4 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:**

### 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):**

**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](#).

**EQUIPMENT**

*Describe any special purpose equipment to be purchased or rented under the award. “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 4.4 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 award. See Request for Applications section 4.4 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:**

**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:**

**Equipment 2:**

**Equipment 3:**

**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 the proposal and enhance the mid-supply chain and infrastructure efforts of this cooperative agreement. See Request for Applications section 4.4 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:**

**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).

**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, 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:**

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

**Contractor/Consultant 1:**

**Contractor/Consultant 2:**

**Contractor/Consultant 3:**

**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 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 4.4 Allowable and Unallowable Costs and Activities, Meals for further guidance.

Item Description	Per-Unit Cost	Number of Units	Acquire When?	Funds Requested
<b>Supply Chain Coordination- Total Funds Requested</b>				
<b>Infrastructure Grants Total- Total Funds Requested</b>				

**Other Subtotal:**

## OTHER JUSTIFICATION

Describe the purpose of each item listed in the table above and how it is necessary for the completion of the project's objective(s) and outcome(s).

## INDIRECT COSTS

Indirect costs are any costs that are incurred for common or joint objectives that therefore, cannot be readily identified with an individual project, program, or organizational activity. They generally include facilities operation and maintenance costs, depreciation, and administrative expenses. If an applicant has a NICRA, it is required to use this amount, and a copy of the NICRA must be submitted with the application. Otherwise, applicants may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC). See Request for Applications section 4.2 Indirect Costs for further guidance.

Indirect Cost Rate	Funds Requested

**Indirect Subtotal:**