

# GRANT ADMINISTRATION TEMPLATE

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

## RECIPIENT INFORMATION

**State Department of Agriculture:**.....Enter the State Department of Agriculture

## STATE PLAN COORDINATOR

List the person at the State department of agriculture 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 SPECIALTY CROP STAKEHOLDERS TO IDENTIFY FUNDING PRIORITIES

States are encouraged to conduct outreach to specialty crop stakeholders to receive and consider public comment to identify state funding priority needs in enhancing the competitiveness of specialty crops prior to development of your request for proposals or applications.

### OUTREACH TO 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 specialty crop stakeholders. Add more funding priorities by copying and pasting the existing listing or delete funding priorities that aren't necessary.

**Funding Priority 1**

**Funding Priority 2**

**Funding Priority 3**

**Add other funding priorities as necessary**

### OUTREACH NOT CONDUCTED (IF APPLICABLE)

If outreach was not conducted to identify funding priorities, provide an explanation why it was not conducted.

**OUTREACH TO SOCIALLY DISADVANTAGED AND BEGINNING FARMERS**

**IDENTIFYING SOCIALLY DISADVANTAGED AND BEGINNING FARMERS**

*Describe the methods used to identify socially disadvantaged and beginning farmers within your state.*

**ENGAGING SOCIALLY DISADVANTAGED AND BEGINNING FARMERS**

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

**OUTREACH NOT CONDUCTED (IF APPLICABLE)**

*If outreach was not conducted to socially disadvantaged farmers and beginning farmers, provide an explanation why it was not conducted.*

**COMPETITIVE REVIEW PROCESS**

**PROPOSAL SOLICITATION**

*Describe the methods you used to solicit proposals that met the identified specialty crop funding priority needs.*

**GRANT PROPOSALS RECEIVED**

**Number of Grant Proposals Received:**.....Enter the Number of Proposals

**APPLICATION REVIEW PANEL**

**REVIEWER SELECTION**

*Describe how you selected reviewers to ensure the review panel consisted of technical experts from various fields, who were qualified and able to perform high quality and fair reviews.*

**REPRESENTED FIELDS OF EXPERTISE**

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

**PREVENTING REAL OR PERCEIVED CONFLICT OF INTEREST**

*Describe how you documented and ensured reviewers were 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 or did provide results of the peer review panel to the grant applicants while ensuring the confidentiality of the review panel members.

**COMPETITIVE PROCESS NOT CONDUCTED (IF APPLICABLE)**

If you did not conduct a competitive grant process, provide an explanation as to why you did not.

**OVERALL STATE PLAN BUDGET SUMMARY**

Please ensure the total budget equals the State’s available grant allocation and that the total indirect costs do not exceed 8 percent of your total grant request.

#	Project Title	Direct	Indirect	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
<b>Grant Administration</b>				
<b>Total</b>				

**STATE DEPARTMENT OF AGRICULTURE OVERSIGHT**

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

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

**GRANT ADMINISTRATION BUDGET NARRATIVE**

All expenses described in this Budget Narrative must be associated with administration expenses for the SCBGP. Applicants should review the Request for Applications section 4.7 Funding Restrictions prior to developing their budget narrative.

Please review previous State Plans to ensure that you are not requesting grant administration costs for the same activities for the same period as previously awarded. The Specialty Crop Block Grant Program (SCBGP) will not fund duplicative costs. Your administrative costs, which consist of indirect expenses associated with grant administration and individual project indirect costs, must not exceed 8 percent of your total grant request.

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>	
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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 competitiveness of specialty crops. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.7.1 for further guidance.

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

<b>Personnel Subtotal</b>	
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**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 SCBGP funds.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1			

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

<b>Fringe Subtotal</b>	
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**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 4.7.2 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							

<b>Travel Subtotal</b>	
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**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 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 4.7.2 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 4.7.2 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				

<b>Equipment Subtotal</b>	
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**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 competitiveness of specialty crops. See Request for Applications section 4.7.2 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

<b>Supplies Subtotal</b>	
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**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			

<b>Contractual/Consultant Subtotal</b>	
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**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 4.7.2 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 4.7.2 Allowable and Unallowable Costs and Activities, Meals for further guidance.

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

<b>Other Subtotal</b>	
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**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**

*The indirect cost rate must not exceed 8 percent of your total grant request.*

*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. See Request for Applications section 4.7.1 Limit on Administrative Costs and Presenting Direct and Indirect Costs Consistently for further guidance.*

Indirect Cost Rate	Funds Requested

<b>Indirect Subtotal</b>	
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# SCBGP PROJECT PROFILE TEMPLATE

The State Plan should include a series of project profiles that detail the necessary information to fulfill the goals and objectives of each 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.

## PROJECT TITLE

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

## DURATION OF PROJECT

**Start Date:**

Start Date

**End Date:**

End Date

## PROJECT PARTNER AND SUMMARY

*Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a very brief (one sentence, if possible) description of your project. A Project Summary includes:*

- 1. The name of the applicant organization that if awarded a grant will establish an agreement or contractual relationship with the State department of agriculture to lead and execute the project,*
- 2. A concise outline the project's outcome(s), and*
- 3. A description of the general tasks to be completed during the project period to fulfill this goal.*

### **FOR EXAMPLE:**

The ABC University will mitigate the spread of citrus greening (Huanglongbing) by developing scientifically-based practical measures to implement in a quarantine area and disseminating results to stakeholders through grower meetings and field days.

## PROJECT PURPOSE

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

PROVIDE A LISTING 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**

**Objective 2**

**Objective 3**

**Objective 4**

**Add other objectives as necessary**

**PROJECT BENEFICIARIES**

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

**Does this project directly benefit socially disadvantaged farmers as defined in the RFA?** Yes  No

**Does this project directly benefit beginning farmers as defined in the RFA?** Yes  No

**STATEMENT OF ENHANCING SPECIALTY CROPS**

By checking the box to the right, I confirm that this project enhances the competitiveness of specialty crops in accordance with and defined by the Farm Bill. Further information regarding the definition of a specialty crop can be found at [www.ams.usda.gov/services/grants/scbgp](http://www.ams.usda.gov/services/grants/scbgp).

**CONTINUATION PROJECT INFORMATION**

**Does this project continue the efforts of a previously funded SCBGP project?** Yes  No

*If you have selected "yes", please address the following:*

DESCRIBE HOW THIS PROJECT WILL DIFFER FROM AND BUILD ON THE PREVIOUS EFFORTS

PROVIDE A SUMMARY (3 TO 5 SENTENCES) OF THE OUTCOMES OF THE PREVIOUS EFFORTS

PROVIDE LESSONS LEARNED ON POTENTIAL PROJECT IMPROVEMENTS

**What was previously learned from implementing this project, including potential improvements?**

**How are the lessons learned and improvements being incorporated into the project to make the ongoing project more effective and successful at meeting goals and outcomes?**

DESCRIBE THE LIKELIHOOD OF THE PROJECT BECOMING SELF-SUSTAINING AND NOT INDEFINITELY DEPENDENT ON GRANT FUNDS

**OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS**

The SCBGP will not fund duplicative projects. Did you submit this project to a Federal or State grant program other than the SCBGP for funding and/or is a Federal or State grant program other than the SCBGP funding the project currently?

Yes  No

**IF YOUR PROJECT IS RECEIVING OR WILL POTENTIALLY RECEIVE FUNDS FROM ANOTHER FEDERAL OR STATE GRANT PROGRAM**

**Identify the Federal or State grant program(s).**

**Describe how the SCBGP project differs from or supplements the other grant program(s) efforts.**

**EXTERNAL PROJECT SUPPORT**

*Describe the specialty crop stakeholders who support this project and why (other than the applicant and organizations involved in the project).*

**EXPECTED MEASURABLE OUTCOMES**

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

*You must choose at least one of the eight outcomes listed in the [SCBGP Performance Measures](#), which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the SCBGP on a national level.*

**OUTCOME MEASURE(S)**

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

- Outcome 1:** Enhance the competitiveness of specialty crops through increased sales (required for marketing projects)
- Outcome 2:** Enhance the competitiveness of specialty crops through increased consumption
- Outcome 3:** Enhance the competitiveness of specialty crops through increased access
- Outcome 4:** Enhance the competitiveness of specialty crops through greater capacity of sustainable practices of specialty crop production resulting in increased yield, reduced inputs, increased efficiency, increased economic return, and/or conservation of resources
- Outcome 5:** Enhance the competitiveness of specialty crops through more sustainable, diverse, and resilient specialty crop systems
- Outcome 6:** Enhance the competitiveness of specialty crops through increasing the number of viable technologies to improve food safety
- Outcome 7:** Enhance the competitiveness of specialty crops through increased understanding of the ecology of threats to food safety from microbial and chemical sources
- Outcome 8:** Enhance the competitiveness of specialty crops through enhancing or improving the economy as a result of specialty crop development

**OUTCOME INDICATOR(S)**

Provide at least one indicator listed in the [SCBGP Performance Measures](#) and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

**FOR EXAMPLE:**

**Outcome 2, Indicator 1.a.**

Of the 150 total number of children and youth reached, 132 will gain knowledge about eating more specialty crops.

**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.

**DATA COLLECTION TO REPORT ON OUTCOMES AND INDICATORS**

Explain how you will collect the required data to report on the outcome and indicator in the space below.

**BUDGET NARRATIVE**

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP. If any matching funds will be used and a description of their use is required by the State department of agriculture, the expenses to be covered with matching funds must be described separately. Applicants should review the Request for Applications section 4.7 Funding Restrictions prior to developing their budget narrative.

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

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

<b>Personnel Subtotal</b>	
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**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 SCBGP funds.

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

<b>Fringe Subtotal</b>	
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**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 4.7.2 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							

<b>Travel Subtotal</b>	
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**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](#) 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 4.7.2 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 4.7.2 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				

<b>Equipment Subtotal</b>	
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**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 competitiveness of specialty crops. See Request for Applications section 4.7.2 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

<b>Supplies Subtotal</b>	
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**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			

<b>Contractual/Consultant Subtotal</b>	
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**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 4.7.2 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 4.7.2 Allowable and Unallowable Costs and Activities, Meals for further guidance.*

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

<b>Other Subtotal</b>	
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**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**

*The indirect cost rate must not exceed 8 percent of any project's budget. 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. See Request for Applications section 4.7.1 Limit on Administrative Costs and Presenting Direct and Indirect Costs Consistently for further guidance.*

Indirect Cost Rate	Funds Requested

<b>Indirect Subtotal</b>	
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**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.

Source/Nature of Program Income	Description of how you will reinvest the program income into the project to enhance the competitiveness of specialty crops	Estimated Income

<b>Program Income Total</b>	
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According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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. The time required to complete this information collection is estimated to average 10 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

USDA is an equal opportunity provider, employer, and lender.