

MGFSP GRANT ADMINISTRATION NARRATIVE

The State department of agriculture must include the following information with the application package for Micro-Grants Food Security Program (MGFSP) in Grants.gov.

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

IDENTIFYING AND ENGAGING ELIGIBLE ENTITIES

Describe the methods that you will use or have used to identify eligible entities within your state or territory and how you communicate with these groups to inform them about the MGFSP and how it can benefit food insecure communities.

OUTREACH NOT CONDUCTED (IF APPLICABLE)

If outreach is not planned to be conducted, provide an explanation why.

COMPETITIVE REVIEW PROCESS

PROPOSAL SOLICITATION

Describe the methods you plan to use to solicit proposals for MGFSP.

APPLICATION REVIEW PANEL

REVIEWER SELECTION

Describe how you plan to select 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.

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 grant applicants while ensuring the confidentiality of the review panel members.

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 MGFSP. Applicants should review the Request for Applications section 4.5 Funding Restrictions prior to developing their budget narrative.

Administrative costs, presented as direct costs, must not exceed 3 percent of your total grant request. If an applicant has a negotiated indirect cost rate agreement (NICRA) approved by its cognizant agency, the applicant must submit a copy of its approved NICRA with its application.

Budget Summary	
Expense Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual	
Other	
Direct Costs Subtotal	
Indirect Costs	

Total Budget	
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Budget Breakdown by Year				
Year 1	Year 2	Year 3	Year 4	Total

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 4.5.3 Allowable and Unallowable Costs and Activities and Indirect Costs under section 4.5.2 for further guidance.

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

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

Personnel Subtotal	
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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.

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

Fringe Subtotal	
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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 4.5.3 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							

Travel Subtotal	
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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 4.5.3 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 4.5.3 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				

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 competitiveness of specialty crops. See Request for Applications section 4.5.3 Allowable and Unallowable Costs and Activities for further information.

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

Supplies Subtotal	
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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.).

NOTE: A general line item for the Applicant's total subawards should be provided in this section. A detailed project and budget narrative will be submitted within one year of the grant agreement start date.

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			

Contractual/Consultant Subtotal	
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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 4.5.3 Allowable and Unallowable Costs for further information.

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 4.5.3 Allowable and Unallowable Costs and Activities for further guidance.

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

Other Subtotal	
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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

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 4.5.2 Indirect Costs for further guidance.

Indirect Cost Rate	Funds Requested

Indirect Subtotal	
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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- NEW. The time required to complete this information collection is estimated to average 2 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.

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