

# MGFSP PROJECT NARRATIVE FORM

The Micro-Grants for Food Security Program (MGFSP) requires that the eligible states submit a series of project narratives 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 narrative.

## 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

## ELIGIBLE ENTITY TYPE

- ☐ Individual
- ☐ Indian tribe or tribal organization
- ☐ Local or tribal government that may not levy local taxes under State or Federal law

Nonprofit organization that is engaged in increasing food security, including -

- ☐ Religious Organization
- ☐ Food Bank
- ☐ Food Pantry

Federally funded education facility, including -

- ☐ Head Start program or an Early Head Start program
- ☐ Public elementary school or public secondary school
- ☐ Public institution of higher education
- ☐ Tribal College or University
- ☐ Job Training Program

## PROJECT PARTNER AND SUMMARY

*In 250 words or less, provide a very brief description of the project. This summary will be made available to the public. 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 of the project's objectives and 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 Food Bank will enhance food production, food purchasing, and food-preparation skills by creating on-site, hands-on education programs for food insecure populations.

## PROJECT PURPOSE

### PROVIDE A LISTING OF THE OBJECTIVES THAT THIS PROJECT HOPES TO ACHIEVE

*The objectives must be related to addressing the issue(s), problem(s), or need(s) mentioned above and related to the project's approach. Add objectives as necessary.*

**Objective 1**

**Objective 2**

## EXPECTED MEASURABLE OUTCOMES

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

*You must choose at least one of the outcomes and indicators listed below.*

#### OUTCOME 1: TO INCREASE THE QUANTITY AND QUALITY OF LOCALLY GROWN FOOD FOR FOOD INSECURE INDIVIDUALS, FAMILIES, NEIGHBORHOODS, AND COMMUNITIES

*Outcome 1 addresses the MGFSP legislation requiring subrecipients to measure the quantity of food grown, written as follows: "the quantity of food grown through small-scale gardening, herding, and livestock operations".*

| Indicator   | Description                                                                                                                                                             | Estimated Number | N/A                      |
|-------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|
| <b>1.a.</b> | Total <u>number</u> of project beneficiaries/stakeholders to be reached                                                                                                 |                  | <input type="checkbox"/> |
| <b>1.b.</b> | Of the number in 1.a., the number that will create or expand a small-scale:<br>1. Gardening operation<br>2. Herding operation<br>3. Livestock operation                 | 1.<br>2.<br>3.   | <input type="checkbox"/> |
| <b>1.c.</b> | Of the number in 1.a., the number that will gain knowledge of local food production strategies through attending agriculture-focused job training or education programs |                  | <input type="checkbox"/> |
| <b>1.d.</b> | Of the number in 1.a., the number that will be located in geographic locations with the highest rate of food insecurity                                                 |                  | <input type="checkbox"/> |
| <b>1.e.</b> | Of the number in 1.a., the number that will gain knowledge of food processing and safety practices for handling, preparing, and storage of food                         |                  | <input type="checkbox"/> |

#### OUTCOME 2: TO INCREASE FOOD SECURITY FOR AT-RISK MEMBERS OF THE COMMUNITY THROUGH THE DEVELOPMENT AND ENHANCEMENT OF LOCAL AGRICULTURAL RESOURCES AND STRATEGIES

*Outcome 2 addresses the MGFSP legislation requiring subrecipients to measure the number of food insecure individuals fed, written as follows: "the number of food insecure individuals fed as a result of the subgrant".*

| Indicator                                                | Description                                               | Estimated Number | N/A                      |
|----------------------------------------------------------|-----------------------------------------------------------|------------------|--------------------------|
| <b>Of the total number of project participants, the:</b> |                                                           |                  |                          |
| <b>2.a.</b>                                              | Number of new farmers who went into local food production |                  | <input type="checkbox"/> |

| Indicator                                                | Description                                                                                                                                    | Estimated Number | N/A                      |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--------------------------|
| <b>Of the total number of project participants, the:</b> |                                                                                                                                                |                  |                          |
| <b>2.b.</b>                                              | Number of new or existing delivery systems/access points reached that will expand and/or improve locally produced product or service offerings |                  | <input type="checkbox"/> |
| <b>2.c.</b>                                              | Number of opportunities created or maintained for small-scale gardening, herding, or livestock operations                                      |                  | <input type="checkbox"/> |
| <b>2.d.</b>                                              | <b>Customer counts increased during the project performance period</b>                                                                         |                  | <input type="checkbox"/> |
|                                                          | Initial (Original) Customer Count                                                                                                              |                  |                          |
|                                                          | Estimated Final (Resulted) Customer Count                                                                                                      |                  |                          |
|                                                          | Percent Change ((n final – n initial)/(n initial) * 100 = % change)                                                                            | %                |                          |

### OUTCOME 3: PROJECT SPECIFIC (OPTIONAL)

AMS is interested in developing Outcomes and Indicators for MGFSP as the program continues to develop. As such, applicants are encouraged to add at least one Outcome and Indicator based on relevant regional challenges or opportunities not covered above. Creativity is highly recommended, particularly regarding any metrics measuring the applicant's and/or subgrantee's responsiveness to regional realities.

| Indicator   | Description | Estimated Number |
|-------------|-------------|------------------|
| <b>3.a.</b> |             |                  |

### DATA COLLECTION TO REPORT ON OUTCOMES AND INDICATORS

Describe how you plan to collect the required data and how you intend to measure each of the selected outcome(s) and indicator(s) in the space below.

### BUDGET NARRATIVE

The budget narrative 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 to easily understand how costs were determined and how they relate to the Project Objectives and Expected Measurable Outcomes. Applicants should review the Request for Applications section 4.5 Funding Restrictions prior to developing their budget narrative and for more information on allowable and unallowable expenses.

| Budget Summary               |                         |                             |
|------------------------------|-------------------------|-----------------------------|
| Expense Category             | Federal Funds Requested | Cost Share or Match Request |
| <b>Personnel</b>             |                         |                             |
| <b>Fringe Benefits</b>       |                         |                             |
| <b>Travel</b>                |                         |                             |
| <b>Equipment</b>             |                         |                             |
| <b>Supplies</b>              |                         |                             |
| <b>Contractual</b>           |                         |                             |
| <b>Other</b>                 |                         |                             |
| <b>Direct Costs Subtotal</b> |                         |                             |
| <b>Indirect Costs</b>        |                         |                             |

|                                         |  |  |
|-----------------------------------------|--|--|
| <b>Total Budget</b> (direct + indirect) |  |  |
|-----------------------------------------|--|--|

## MATCHING FUNDS VERIFICATION

All eligible entities must provide a 10 percent cash match on the amount received under the subgrant, in the form of non-Federal cash resources unless otherwise waived for individuals by the eligible state. See Section 3.3 of the RFA for more information.

By checking the box to the right, I confirm that my organization received written verification (i.e. signed letter from the matching organization) of match commitment from any party, including the eligible entity, who will contribute a cash match of non-Federal resources to this project in the amount of 10 percent of the total project budget.

☐

If the eligible state has waived the matching requirement for an individual applicant, please check this box.

☐

## PERSONNEL

List each person who has a substantive role in the project and the amount of the request and/ or the value of his or her match. Personnel costs should be reasonable for the services rendered, conform to the established written policy of your organization, and consistently applied to both Federal and non-Federal activities.

| # | Name/Title and Justification for Requesting Funds | Level of Effort (# of hours OR % FTE) | Annual Salary Requested                | Total Funds Requested | Match Value |
|---|---------------------------------------------------|---------------------------------------|----------------------------------------|-----------------------|-------------|
| 1 |                                                   |                                       | Year 1: \$<br>Year 2: \$<br>Year 3: \$ | \$                    | \$          |
| 2 |                                                   |                                       | Year 1: \$<br>Year 2: \$<br>Year 3: \$ | \$                    | \$          |
| 3 |                                                   |                                       | Year 1: \$<br>Year 2: \$<br>Year 3: \$ | \$                    | \$          |

**Personnel Subtotal**

## FRINGE BENEFITS

Provide the fringe benefit rates for each of the project's salaried employees described in the Personnel section. The costs of fringe benefits should be reasonable and in line with established policies of your organization.

| # | Name/Title | Fringe Benefit Rate | Funds Requested | Match Value |
|---|------------|---------------------|-----------------|-------------|
| 1 |            |                     | \$              | \$          |
| 2 |            |                     | \$              | \$          |
| 3 |            |                     | \$              | \$          |

**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>.

| # | Trip Destination, Dates, and Justification for Requesting Funds | Type of Expense<br>(airfare, car rental, hotel, meals, mileage, etc.) | Unit of Measure<br>(days, nights, miles) | # of Units | Cost per Unit | # of Travelers Claiming the Expense | Funds Requested | Match Value |
|---|-----------------------------------------------------------------|-----------------------------------------------------------------------|------------------------------------------|------------|---------------|-------------------------------------|-----------------|-------------|
| 1 |                                                                 |                                                                       |                                          |            |               |                                     | \$              | \$          |
| 2 |                                                                 |                                                                       |                                          |            |               |                                     | \$              | \$          |
| 3 |                                                                 |                                                                       |                                          |            |               |                                     | \$              | \$          |

|                        |  |
|------------------------|--|
| <b>Travel Subtotal</b> |  |
|------------------------|--|

### 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.

Rental of "general purpose equipment" must also be described in this section. Purchase of general purpose equipment is not allowable under this grant.

| # | Item Description and Justification for Requesting Funds | Rental or Purchase | Acquire When? | Funds Requested | Match Value |
|---|---------------------------------------------------------|--------------------|---------------|-----------------|-------------|
| 1 |                                                         |                    |               | \$              | \$          |
| 2 |                                                         |                    |               | \$              | \$          |
| 3 |                                                         |                    |               | \$              | \$          |

|                           |  |
|---------------------------|--|
| <b>Equipment Subtotal</b> |  |
|---------------------------|--|

### 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.

| Item Description and Justification for Requesting Funds | Per-Unit Cost | # of Units/Pieces Purchased | Acquire When? | Funds Requested | Match Value |
|---------------------------------------------------------|---------------|-----------------------------|---------------|-----------------|-------------|
|                                                         |               |                             |               | \$              | \$          |
|                                                         |               |                             |               | \$              | \$          |
|                                                         |               |                             |               | \$              | \$          |

|                          |  |
|--------------------------|--|
| <b>Supplies Subtotal</b> |  |
|--------------------------|--|

### 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 and Justification for Requesting Funds | Hourly Rate/Flat Rate | Funds Requested | Match Value |
|---|----------------------------------------------------------|-----------------------|-----------------|-------------|
| 1 |                                                          |                       | \$              | \$          |
| 2 |                                                          |                       | \$              | \$          |
| 3 |                                                          |                       | \$              | \$          |

**Contractual/Consultant Subtotal**

#### 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 and Justification for Requesting Funds | Per-Unit Cost | Number of Units | Acquire When? | Funds Requested | Match Value |
|---------------------------------------------------------|---------------|-----------------|---------------|-----------------|-------------|
|                                                         |               |                 |               | \$              | \$          |
|                                                         |               |                 |               | \$              | \$          |
|                                                         |               |                 |               | \$              | \$          |

**Other Subtotal**

#### INDIRECT COSTS

Indirect costs (also known as “facilities and administrative costs”—defined at [2 CFR §200.56](#)) 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 Requested (%) | Funds Requested | Match Value |
|----------------------------------|-----------------|-------------|
|                                  | \$              | \$          |

**Indirect Subtotal**

**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.*

| <b>Source/Nature of Program Income</b> | <b>Description of how you will reinvest the program income into the project</b> | <b>Funds Expected</b> |
|----------------------------------------|---------------------------------------------------------------------------------|-----------------------|
|                                        |                                                                                 | \$                    |
|                                        |                                                                                 | \$                    |

|                             |  |
|-----------------------------|--|
| <b>Program Income Total</b> |  |
|-----------------------------|--|

*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 8 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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