USDA Agricultural Marketing Service
U.S. DEPARTMENT OF AGRICULTURE

FARMERS MARKET AND LOCAL FOOD PROMOTION PROGRAM

2023 PROJECT NARRATIVE FORM AND INSTRUCTIONS

NOT For Turnkey Marketing and Promotion Application Projects

This form is mandatory for all FMLFPP project type applications, EXCEPT for the Turnkey Marketing and Promotion. Turnkey Marketing and Promotion applicants are required to complete the Turnkey Project Narrative Form only, available at the program website. Thoroughly review the applicable Farmers Market Promotion Program (FMPP) or Local Food Promotion Program (LFPP) Request for Applications (RFA) before completing this form. This form must be converted to PDF and attached to the application package within Grants.gov.

1. Applicant Organization

Must match box 8 of the SF-424.

Name:
Email:
Phone:
Fax:
Mailing Address:

2. Authorized Organization Representative (AOR)

This person is responsible for signing any documentation should the grant be awarded. Must match box 21 of the SF-424.

Name:
Email:
Phone:
Fax:
Mailing Address: ☐ Check if same as above

3. Project Coordinator or Director (PC/PD)

This cannot be the same person listed as the AOR.

Name:
Email:
Phone:
Fax:
Mailing Address: ☐ Check if same as above

4. Applicant Entity Type

Select each applicable entity type as defined in Section 3.1 of the RFA. If your organization is a State Agency Regional Farmers Market Authority, you must provide the regulatory statute(s) that identify your agency as that entity type.

☐ Agricultural Business or Cooperatives
☐ Community Supported Agriculture (CSA) Network or Association
☐ Economic Development Corporation
☐ Food Council
☐ Local Government
☐ Nonprofit Corporation
☐ Producer Network or Association
☐ Public Benefit Corporation
☐ Regional Farmers Market Authority
☐ State Agency Regional Farmers Market Authority (Indicate Regulation Below):
_____
☐ Tribal Government
☐ Other (Specify Below):
_____

5. Project Activity Category

Identify all the activity categories that fit your project.

☐ Aggregation
☐ Agritourism
☐ Farm to Institution
☐ Farmer Recruitment and Retention
☐ Food Safety
☐ Infrastructure
☐ Marketing and Promotion
☐ Processing
☐ Production Diversification /Expansion
☐ Organic
☐ On-Farm Food Waste
☐ Season Extension
☐ Training and Education
☐ Transportation and Distribution
☐ Value-added Production
☐ Other (specify below):

_____

6. Project Title (Provide a descriptive title. *Must match box 15 of the SF-424.):*

7. Grant Application Project Type *(Described in Section 1.3 of the RFA)*

FMPP:
☐ Capacity Building (CB)
☐ Community Development Training and Technical Assistance (CTA)

LFPP:
☐ Planning
☐ Implementation
☐ Farm to Institution

8. Requested FMLFPP Funds

Insert the total amount ($) of Federal funds requested. This must match the total amount requested on Line 18a. Estimated Federal Funding of the SF-424.

$

9. Matching Funds

Applicant must provide a 25% match on the total Federal portion of the grant. This must match the total amount requested on Line 18b Applicant Funding of the SF-424. See Section 4.1 of the RFA for more information.

$

10. Does the proposal address a Priority Area as described in Section 1.4 of the RFA?

See instructions on how to determine priority eligibility at Qualifying for Priority Consideration at the end of this form.

☐ Yes ☐ No

11. Project Implementation Physical Address

Enter up to three addresses where this project will be implemented. If you are requesting consideration as a priority area, enter the Food Access Research Atlas Low Income/Low Access (LI/LA) Census Tract number. For detailed instructions, see Qualifying for Priority Consideration at the end of this form.

#	Address	LI/LA	LI/LA Census Tract # (if applicable)
1			
2			
3			

EXECUTIVE SUMMARY

In 250 words or less, briefly describe the project's purpose; activities to be performed, including subawards (when applicable); deliverables and expected outcomes; intended beneficiaries; and any other pertinent information. This summary will be made available to the public.

ALIGNMENT AND INTENT

Describe the specific issue, problem, or need that the project will address in relation to the Statutory Language found in the RFA in Section 1. Answering this question should clearly justify the project's objectives and approach, and not just provide the associated statistics. You must articulate the reason behind the selected local or regional food system development effort.

List objectives for this project.

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

- Objective 1:
- Objective 2:
- Objective 3:

Who are the intended beneficiaries of this project and how many are there? How does the project specifically benefit farm and ranch operations serving local markets?

What are the expected short-and long-term impacts to the beneficiaries of this project?

Specifically, the project should focus on the benefits to farm and ranch operations serving local markets.

TECHNICAL MERIT

Work Plan

Describe the activities and timeline associated with <u>each</u> project objective mentioned in the Alignment and Intent section. Include the following information:

A timeline for each planned activity and major output including the anticipated date of completion; how and where the activities will take place; required resources; milestone(s) for assessing progress and success; who is responsible for completing the activity, including collaborative arrangements or subcontractors; if conducting training and technical assistance, how participants will be recruited and how you will help guide program development and delivery. DO NOT modify the FMLFPP Project Narrative form.

Objective: *Include the objective this activity will be tied to*	**List and describe each planned activity:** *Include the scope of work and how it relates to the project objectives*	**Anticipated completion date:**	**Required resources:** *For completion of each activity*	**Milestones:** *For assessing progress and success of each activity*	**Who will do the work?** *Include collaborative arrangements or subcontractors*
	Sample Activity 1	*October 20XX*	*Hire contractor* *Refrigerator equipment*	*Milestone 1: Complete XX assessment* *Milestone 2: Initiate XX equipment purchases*	*ABC Best Contracting Service* *XYZ Company's Executive Director*

Have you received a past FMPP or LFPP grant award?

☐ Yes ☐ No

Have you submitted this project to another Federal grant program?

☐ Yes ☐ No

Are you a current Regional Food System Partnership (RFSP) recipient?

☐ Yes ☐ No

If yes to the above questions, please provide the information below. Provide AMS agreement number for grants received in the past 5 years. Describe how the project is/was different from previous grants or how it supplements the proposed activities; and the results of the current project (if applicable). Include lessons learned, what can be improved, and how these lessons and improvements will be incorporated into this application to meet program goals effectively and successfully.

Year	Grant award Program Name, Type of Grant (if applicable) and/or AMS Grant Agreement (if applicable)	Description

ACHIEVABILITY

This section includes the outcome indicator evaluation plan.

Outcome Indicators

Complete all applicable project Outcomes and Indicators with baseline and/or estimated realistic target numbers. If an outcome indicator does not apply, check N/A (Not Applicable). For additional information on how to collect data for these outcomes and indicators, refer to the Performance Measures Data Collection Guide.

Outcome 1: Develop Business Plans and Feasibility Studies

Indicator	Description	Estimated number	N/A
1.1	**Total number** of supply chain analyses, market assessments, feasibility, or other relevant studies developed		☐
1.2	**Number of the following identified through needs assessment or feasibility studies:**		
1.2a	New markets		☐
1.2b	Unmet consumer needs		☐
1.2c	Barriers to local foods		☐
1.2d	Unserved populations		☐
1.2e	Supply chain gaps		☐
1.2f	Partnership opportunities		☐
1.2g	Other identified needs		☐
1.3	**Number of projects:**		
1.3a	Deemed viable after conducting feasibility study, or		☐
1.3b	Deemed not viable after conducting feasibility study		☐
1.4	**Number of business development plans created**		☐

Outcome 2: Facilitate Regional Food Chain Coordination and Increase Capacity of Direct-to-Consumer Entities

Indicator	Description	Estimated number	N/A
2.1	**Total number of partnerships and/or collaborations established between producers/ processors and local/regional supply networks ___. Of those established:**		☐
2.1a	The number formalized with written agreements (i.e. MOU's, signed contracts, etc.)		☐
2.1b	The number of partnerships with underserved organizations		☐

Indicator	Description	Estimated number	N/A
2.2	**Of the total number of partnerships and collaborations identified in 2.1, the number that reported:**		☐
2.2a	Expanded/improved regional food systems		☐
2.2b	Higher profits		☐
2.2c	More efficient transportation		☐
2.2d	Improved marketing channels		☐
2.2e	Other mid-tier value chain enhancements		☐
2.3	**Total number of stakeholders trained on how to develop or sustain a direct-to-consumer enterprise**		☐
2.3a	Of those trained, the number that are new/ beginning producers		☐
2.4	**Number of strategic plans developed or updated**		☐
2.5	**Total number of new direct producer-to-consumer market access points established ___. Of those, the number that were:**		☐
2.5a	Farmers markets		☐
2.5b	Roadside stands		
2.5c	Agritourism		☐
2.5d	Grocery stores		☐
2.5e	Wholesale markets/buyers		☐
2.5f	Restaurants		☐
2.5g	Agricultural cooperatives		☐
2.5h	Retailers		☐
2.5i	Distributors		☐
2.5j	Food hubs		☐
2.5k	Shared-use kitchens		☐
2.5l	School food programs		☐
2.5m	Community-supported agriculture (CSAs)		☐
2.5n	Other		☐

Outcome 3: Develop the Market for Local/Regional Agricultural Products

Please provide estimated target numbers.

Indicator	Description	Estimated number	N/A
3.1	**Number of stakeholders that gained technical knowledge about producing, preparing, procuring, and/or accessing local/regional foods ___. Of those, the number that were:**		☐
3.1a	Farmers Markets		☐
3.1b	Roadside Stands		☐
3.1c	Agritourism		☐
3.1d	Grocery stores		☐
3.1e	Wholesale markets/buyers		☐
3.1f	Restaurants		☐
3.1g	Agricultural cooperatives		☐

Indicator	Description	Estimated number	N/A
3.1h	Retailers		☐
3.1i	Distributors		☐
3.1j	Food hubs		☐
3.1k	Shared-use kitchens		☐
3.1l	School food programs		☐
3.1m	Community supported agriculture (CSAs)		☐
3.1n	Other		☐
3.2	**Total number of delivery systems/market access points that increased engagement with local/regional producers ___. Of those, the number that were:**		☐
3.2a	Farmers Markets		☐
3.2b	Roadside Stands		☐
3.2c	Agritourism		☐
3.2d	Grocery stores		☐
3.2e	Wholesale markets/buyers		☐
3.2f	Restaurants		☐
3.2g	Agricultural cooperatives		☐
3.2h	Retailers		☐
3.2i	Distributors		☐
3.2j	Food hubs		☐
3.2k	Shared-use kitchens		☐
3.2l	School food programs		☐
3.2m	Community supported agriculture (CSAs)		☐
3.2n	Other		☐
3.3	**Number of new tools/ technologies developed to improve local/regional food processing, distribution, aggregation, or storage ___.**		☐
3.3a	Number of stakeholders trained to use new tools/technologies		☐
3.4	**Number of delivery systems/market access points that reported increased or improved:**		☐
3.4a	Processing		☐
3.4b	Distribution		☐
3.4c	Storage		☐
3.4d	Aggregation of locally/ regionally produced agricultural products		☐
3.5	**Total number of delivery systems/market access points that established and/or expanded local/regional agricultural product or service offerings___. Of those, the number that were:**		☐
3.5a	Farmers Markets		☐
3.5b	Roadside Stands		☐
3.5c	Agritourism		☐
3.5d	Grocery stores		☐
3.5e	Wholesale markets/buyers		☐

Indicator	Description	Estimated number	N/A
3.5f	Restaurants		☐
3.5g	Agricultural cooperatives		☐
3.5h	Retailers		☐
3.5i	Distributors		☐
3.5j	Food hubs		☐
3.5k	Shared-use kitchens		☐
3.5l	School food programs		☐
3.5m	Community supported agriculture (CSAs)		☐
3.5n	Other		☐
3.6	**Number of delivery systems/market access points that reported increased:**		☐
3.6a	Revenue		☐
3.6b	Sales		☐
3.6c	Cost savings		☐

Outcome 4: Increase Viability of Local/Regional Producers and Processors

Indicator	Description	Estimated number	N/A
4.1	**Number of producers/processors who gained knowledge about new market opportunities**		☐
4.2	**Number of producer/processors that reported increased engagement with new delivery systems or market access points**		☐
4.3	**Number of producers/processors that implemented new or improved operational methods**		☐
4.4	**Number of value-added agricultural products developed**		☐
4.5	**Number of producers/processors that reported selling new local/regional food products**		☐
4.5a	Number that reported selling new value-added products		☐
4.6	**Number of producers/processors that reported a reduction in on-farm food waste through new business opportunities and marketing**		☐
4.7	**Number of producers/ processors that reported increased:**		☐
4.7a	Revenue		☐
4.7b	Sales and/or		☐
4.7c	Cost savings due to local/regional food, operational, and/or value-added product activities		☐
4.8	**Number of local/regional agricultural jobs**		☐
4.8a	Created		☐
4.8b	Maintained		☐

Indicator	Description	Estimated number	N/A
4.9	**Total number of new producers who went into local/regional food production ___. Of those, number who are:**		☐
4.9a	Beginning farmers/ranchers		☐
4.9b	Socially disadvantaged farmers/ranchers		☐
4.9c	Family farmers/ranchers		☐
4.9d	Veteran farmers/ranchers		☐

Outcome 5: Improve Food Safety of Local/Regional Agricultural Products

Applicable to projects conducting a needs assessment (i.e. planning projects).

Indicator	Description	Estimated number	N/A
5.1	**Number of stakeholders that gained knowledge about prevention, detection, control, and/or intervention food safety practices, including relevant regulations to mitigate risk (and to improve their ability to comply with the Food Safety Modernization Act (FSMA) and/or meet the standards for aligned third party food safety audits such as Harmonized GAP/GHP)**		☐
5.2	**Number of stakeholders that:**		☐
5.2a	Established a food safety plan		☐
5.2b	Revised or updated their food safety plan		☐
5.3	**Number of specialty crop stakeholders who implemented new/improved prevention, detection, control, and intervention practices, tools, or technologies to mitigate food safety risks (and/or to improve their ability to comply with the Food Safety Modernization Act (FSMA) and/or meet the standards for aligned third party food safety audits such as Harmonized GAP/GHP)**		☐
5.4	**Number of prevention, detection, control, or intervention practices developed or enhanced to mitigate food safety risks**		☐
5.5	**Number of stakeholders that used these grant funds to:**		
5.5a	Purchase		☐
5.5b	Upgrade food safety equipment		☐

Outcome 6: Increase Consumption and Consumer Purchasing of Local/Regional Agricultural Products

Indicator	Description	Estimated number	N/A
6.1	**Total number of consumers who gained knowledge about local/regional agricultural products ___. Of those, the number of:**		☐
6.1a	Adults		☐
6.1b	Children		☐

Indicator	Description	Estimated number	N/A
6.2	**Total number of consumers who purchased more local/regional agricultural products ___. Of those, the number of:**		☐
6.2a	Adults		☐
6.2b	Children		☐
6.3	**Number of additional local/regional agricultural product customers counted**		☐
6.4	**Number of additional business transactions executed for local/regional agricultural products**		☐
6.5	**Increased sales measured in:**		☐
6.5a	Dollars		☐
6.5b	Percent change		☐
6.5c	Combination of volume and average price as a result of enhanced marketing activities		☐

Outcome Indicator Measurement

For each completed outcome indicator, describe how you derived the numbers, how you intend to measure and achieve each relevant outcome and indicator, and any potential challenges to achieving the estimated targets and action steps for addressing them.

Outcome and indicator # *I.e., 3.i., 6.a., 6.b.*	**How did you derive the estimated numbers?** *I.e., documented background or baseline information, recent research and data, etc.*	**How and when do you intend to evaluate?** *I.e., surveys, 3rd party assessment*	**Anticipated key factors predicted to contribute to and restrict outcome** *Including action steps for addressing identified restricting factors*

Potential Adaptation of Project by Others

Discuss if and how this project can be adapted to other regions, communities, and/or agricultural systems.

Dissemination of Project Results

Describe how you will disseminate project's results (positive and negative) to similar organizations, stakeholders, and others that may be interested in the project's results or implementing a similar project.

EXPERTISE AND PARTNERS

Key Staff (Applicant Personnel and External Partner/Collaborators)

List key staff, including applicant personnel and external project partners and collaborators (see section 3.2 in the RFA for definitions) that comprise the Project Team, their role, their relevant experience, and past successes in developing and operating projects similar to those to be conducted under this project. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 5.2.7 in the RFA).

Key staff *Name and Title*	**Role**	**Relevant experience and past successes**

Project Management Plan

*Describe your management plan for coordination, communication, and data sharing and reporting among members of the Project Team and stakeholder groups, including both internal applicant personnel **and** external partners and collaborators.*

Project Sustainability

Describe how the project, and its partnerships and collaborations, will be sustained beyond the project's period of performance (without grant funds).

FISCAL PLAN AND RESOURCES

Please complete the Budget and Justification below and ensure that you have included Critical Resources and Infrastructure letters to support the application information (see section 5.2.8 in the RFA). You must fill the SF-424 A Budget Information Non – Construction Programs Form along with this section.

BUDGET AND JUSTIFICATION

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.

Refer to RFA ***Section 4.4 Allowable and Unallowable Costs and Activities*** *for more information on allowable and unallowable expenses.*

Budget Summary

Expense category	Federal funds	Cost share or match applicant and 3rd parties
Personnel		
Fringe benefits		
Travel		
Equipment		
Supplies		
Contractual		
Other (specify)		
Direct costs subtotal		
Indirect costs		
Total budget *(direct + indirect)*		

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	Match type
1			Year 1: $ Year 2: $ Year 3: $	$	$	Cash: ☐ In-Kind: ☐
2			Year 1: $ Year 2: $ Year 3: $	$	$	Cash: ☐ In-Kind: ☐
3			Year 1: $ Year 2: $ Year 3: $	$	$	Cash: ☐ In-Kind: ☐
			Personnel subtotals:	**$**	**$**	

Fringe Benefits

Provide the fringe benefit rates for each of the project's salaried employees listed above. 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	Match type
1			$	$	Cash: ☐ In-Kind: ☐
2			$	$	Cash: ☐ In-Kind: ☐
3			$	$	Cash: ☐ In-Kind: ☐
		Fringe benefits subtotals:	**$**	**$**	

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 Regulations, 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 #	Trip destination, timing, and justification for requesting funds	Type of expense *(airfare, car rental, hotel, meals, mileage, etc.)*	Unit of measure *(days, nights, miles)*	# of units	Cost per unit	Travelers claiming expense *(#)*	Funds requested	Match value	Match type
1							$	$	Cash: ☐ In-Kind: ☐
2							$	$	Cash: ☐ In-Kind: ☐
3							$	$	Cash: ☐ In-Kind: ☐
						Travel subtotals: $		**$**	

☐ By checking this box, I affirm 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 #	Item description and justification for requesting funds	Rental or purchase	Acquire when?	Funds requested	Match value	Match type
1				$	$	Cash: ☐ In-Kind: ☐
2				$	$	Cash: ☐ In-Kind: ☐
3				$	$	Cash: ☐ In-Kind: ☐
			Equipment subtotals: $		**$**	

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.

Item description and justification for requesting funds	Cost Per-unit	# of units/pieces purchased	Acquire when?	Funds requested	Match value	Match type
				$	$	Cash: ☐ In-Kind: ☐
				$	$	Cash: ☐ In-Kind: ☐
				$	$	Cash: ☐ In-Kind: ☐
			Supplies subtotal: $		**$**	

Contractual

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.

Type	Name/organization and justification for requesting funds	Hourly / flat rate	Funds requested	Match value	Match type
1 ☐ **Contract** ☐ **Subaward**			$	$	Cash: ☐ In-Kind: ☐
2 ☐ **Contract** ☐ **Subaward**			$	$	Cash: ☐ In-Kind: ☐
3 ☐ **Contract** ☐ **Subaward**			$	$	Cash: ☐ In-Kind: ☐
		Contractual subtotal: $		**$**	

☐ By checking this box, I affirm 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 §200.317 through §200.327, as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that 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.

Item Description and Justification for Requesting Funds	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested	Match Value	Match Type
				$	$	Cash: ☐ In-Kind: ☐
				$	$	Cash: ☐ In-Kind: ☐
				$	$	Cash: ☐ In-Kind: ☐
			Other subtotal: $		**$**	

Indirect

Indirect costs (also known as "facilities and administrative costs"—defined at 2 CFR §200.1) 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 4.2 of the RFA.

Indirect cost rate requested (%)	Funds requested	Match value	Match type
	$	$	Cash: ☐ In-Kind: ☐

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.

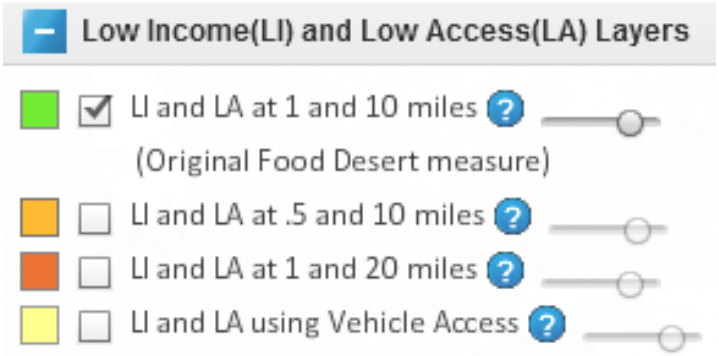
Source/nature of program income	Description of how you will reinvest the program income	Funds expected
		$
		$
		$

Program income total: $

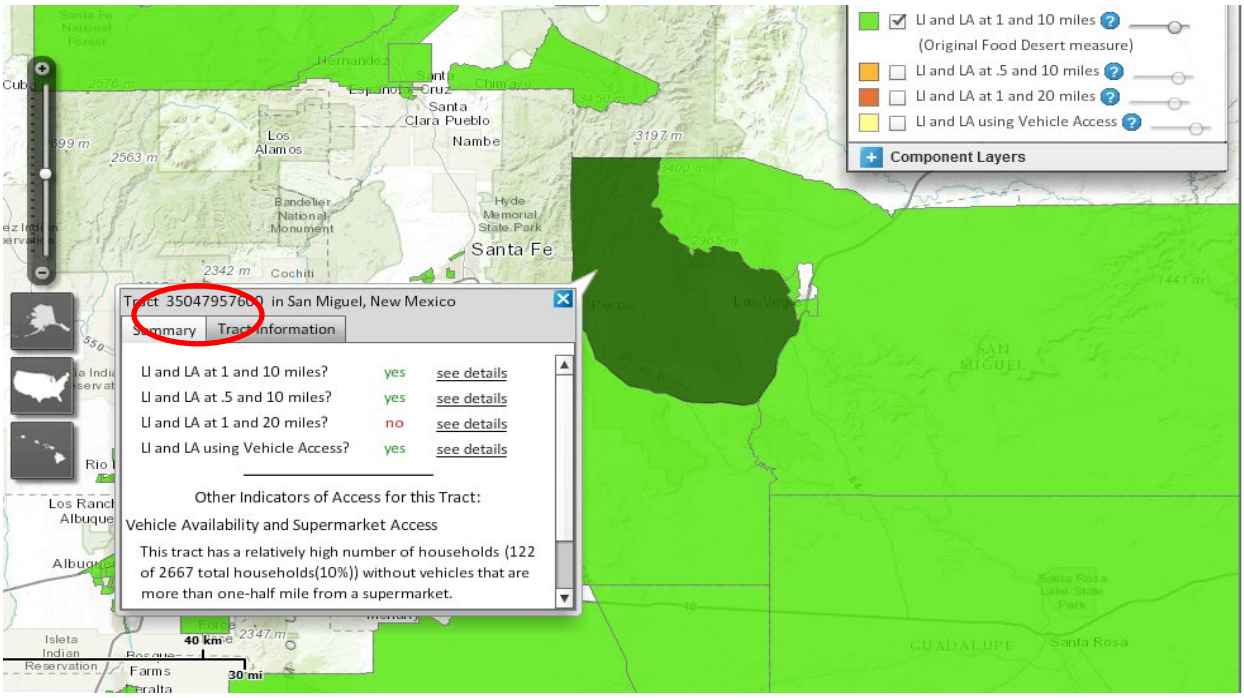
QUALIFYING FOR PRIORITY CONSIDERATION

Food Access Research Atlas (Atlas) http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx

Once you enter the Atlas, check one of the four the map layer(s) that applies to the proposal's targeted community.



Zoom in on the map to identify your community. Clicking on your targeted area will produce the census tract and additional information about the locale. In the example below, the dark green area qualifies as low income and low access, and the census tract would be 35047957600.



EQUAL OPPORTUNITY STATEMENT

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

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501), 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 4 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.

OMB No. 0581-0240

Agricultural Marketing Service
U.S. DEPARTMENT OF AGRICULTURE

FARMERS MARKET AND LOCAL FOOD PROMOTION PROGRAM

2023 TURNKEY MARKETING AND PROMOTION PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is mandatory for all Turnkey Marketing and Promotion applications. Turnkey applications do NOT require the completion of the FMLFPP Narrative Form. Thoroughly review the applicable Farmers Market Promotion Program (FMPP) or Local Food Promotion Program (LFPP) Request for Applications (RFA) before completing this form. This form must be converted to PDF and attached to the application package within Grants.gov.

1. Applicant Organization

Must match box 8 of the SF-424.

Name:
Email:
Phone:
Fax:
Mailing Address:

2. Authorized Organization Representative (AOR)

This person is responsible for signing any documentation should the grant be awarded. Must match box 21 of the SF-424.

Name:
Email:
Phone:
Fax:
Mailing Address: ☐ Check if same as above

3. Project Coordinator or Director (PC/PD)

This cannot be the same person listed as the AOR.

Name:
Email:
Phone:
Fax:
Mailing Address: ☐ Check if same as above

4. Applicant Entity Type

Select each applicable entity type as defined in Section 3.1 of the RFA. If your organization is a State Agency Regional Farmers Market Authority, you must provide the regulatory statute(s) that identify your agency as that entity type.

☐ Agricultural Business or Cooperatives

☐ Community Supported Agriculture (CSA) Network or Association

☐ Economic Development Corporation

☐ Food Council

☐ Local Government

☐ Nonprofit Corporation

☐ Producer Network or Association

☐ Public Benefit Corporation

☐ Regional Farmers Market Authority

☐ State Agency Regional Farmers Market Authority (Indicate Regulation Below):

_____

☐ Tribal Government

☐ Other (Specify Below):

_____

5. Project Activity Category

Identify all the activity categories that fit your project. The Marketing and Promotion box should be checked for all Turnkey projects.

☐ Aggregation
☐ Agritourism
☐ Farm to Institution
☐ Farmer Recruitment and Retention
☑ Marketing and Promotion
☐ Organic
☐ Season Extension
☐ Training and Education
☐ Transportation and Distribution
☐ Value-added Production

6. Project Title (Provide a descriptive title. *Must match box 15 of the SF-424.):*

7. Grant Application Project Type *(Described in Section 1.3 of the RFA)*

FMPP:
☐ FMPP Turnkey Marketing and Promotion

LFPP:
☐ LFPP Turnkey Marketing and Promotion

8. Requested Funds

Insert the total amount ($) of Federal funds requested. This must match the total amount requested on Line 18a. Estimated Federal Funding of the SF-424.

$

9. Matching Funds

Applicant must provide a 25% match on the total Federal portion of the grant. This must match the total amount requested on Line 18b Applicant Funding of the SF-424. See Section 4.1 of the RFA for more information.

$

10. Does the proposal address the low income, low access Priority Area as described in Section 1.4 of the RFA?

See instructions on how to determine priority eligibility at Qualifying for Priority Consideration at the end of this form.

☐ Yes ☐ No

11. Project Implementation Physical Address

Enter up to three addresses where this project will be implemented. If you are requesting consideration as a priority area, enter the Food Access Research Atlas Low Income/Low Access (LI/LA) Census Tract number. For detailed instructions, see Qualifying for Priority Consideration at the end of this form.

#	Address	LI/LA	LI/LA Census Tract # (if applicable)
1			

2			
3			

EXECUTIVE SUMMARY

In 250 words or less, briefly describe the project's purpose; activities to be performed, deliverables and expected outcomes; intended beneficiaries; including subrecipients, key partners and collaborators (when applicable); and any other pertinent information. This summary will be made available to the public.

TECHNICAL MERIT

Work Plan

Describe the activities and timeline associated with <u>each</u> project objective selected for the turnkey project. The Turnkey project work plan includes five (5) prescribed objectives. There is flexibility in specific activities, budget, timeline and staffing for each objective. Fill out the table below to include the following information:

A list and description of each planned activity, anticipated date of completion; resource required; milestone(s) for assessing progress and success; and who is responsible for completing the activity, including collaborative arrangements or subcontractors.

Reminder that the project must specifically benefit farm and ranch operations serving local markets, and must benefit more than one agricultural producer, vendor, or individual. To qualify for this Turnkey application, you must work on at least 3 of the objectives in the chart below. For those you will NOT be doing, please mark N/A in the second column for that objective.

Objective: *Include the objective this activity will be tied to*	**List and describe each planned activity:** *Include the scope of work and how it relates to the project objectives*	**Anticipated completion date:**	**Required resources:** *For completion of each activity*	**Milestones:** *For assessing progress and success of each activity*	**Who will do the work?** *Include collaborative arrangements or subcontractors*
	Sample Activity 1	*October 20XX*	*Hire contractor* *Refrigerator equipment*	*Milestone 1: Complete XX assessment* *Milestone 2: Initiate XX equipment purchases*	*ABC Best Contracting Service* *XYZ Company's Executive Director*
Identify and analyze new/improved market opportunities					

Objective: *Include the objective this activity will be tied to*	**List and describe each planned activity:** *Include the scope of work and how it relates to the project objectives*	**Anticipated completion date:**	**Required resources:** *For completion of each activity*	**Milestones:** *For assessing progress and success of each activity*	**Who will do the work?** *Include collaborative arrangements or subcontractors*
Develop/revise a marketing plan					
Design/purchase marketing and promotion media					
Implement a marketing plan					
Evaluate marketing and promotion activities					

Have you received a past FMPP or LFPP grant award?

☐ Yes ☐ No

Have you submitted this project to another Federal grant program?

☐ Yes ☐ No

Are you a current Regional Food System Partnership (RFSP) recipient?

☐ Yes ☐ No

If yes to the above questions, please provide the information below. Provide AMS agreement number for grants received in the past 5 years. Describe how the project is/was different from previous grants or how it supplements the proposed activities; and the results of the current project (if applicable). Include lessons learned, what can be improved, and how these lessons and improvements will be incorporated into this application to meet program goals effectively and successfully.

Year	Grant award Program Name, Type of Grant (if applicable) and/or AMS Grant Agreement (if applicable)	Description

ACHIEVABILITY

This section includes the outcome indicator evaluation plan.

Outcome Indicators

Complete all applicable project Outcomes and Indicators with baseline and/or estimated realistic target numbers. If an outcome indicator does not apply, check N/A (Not Applicable). For additional information on how to collect data for these outcomes and indicators, refer to the Performance Measures Data Collection Guide.

Outcome 1: Develop Business Plans and Feasibility Studies

Indicator	Description	Estimated number	N/A
1.1	**Total number** of supply chain analyses, market assessments, feasibility, or other relevant studies developed		☐
1.2	**Number of the following identified through needs assessment or feasibility studies:**		
1.2a	New markets		☐
1.2b	Unmet consumer needs		☐
1.2c	Barriers to local foods		☐
1.2d	Unserved populations		☐
1.2e	Supply chain gaps		☑
1.2f	Partnership opportunities		☐
1.2g	Other identified needs		☐
1.3	**Number of projects:**		
1.3a	Deemed viable after conducting feasibility study, or		☐
1.3b	Deemed not viable after conducting feasibility study		☐
1.4	**Number of business development plans created**		☐

Outcome 2: Develop the Market for Local/Regional Agricultural Products

Indicator	Description	Estimated number	N/A
2.1	**Number of stakeholders that gained technical knowledge about producing, preparing, procuring, and/or accessing local/regional foods ___. Of those, the number that were:**		☑
2.1a	Farmers Markets		☑
2.1b	Roadside Stands		☑
2.1c	Agritourism		☑
2.1d	Grocery stores		☑
2.1e	Wholesale markets/buyers		☑
2.1f	Restaurants		☑
2.1g	Agricultural cooperatives		☑
2.1h	Retailers		☑
2.1i	Distributors		☑
2.1j	Food hubs		☑
2.1k	Shared-use kitchens		☑
2.1l	School food programs		☑
2.1m	Community supported agriculture (CSAs)		☑
2.1n	Other		☑
2.2	**Total number of delivery systems/market access points that increased engagement with local/regional producers ___. Of those, the number that were:**		☐
2.2a	Farmers Markets		☐
2.2b	Roadside Stands		☐
2.2c	Agritourism		☐
2.2d	Grocery stores		☐
2.2e	Wholesale markets/buyers		☐
2.2f	Restaurants		☐
2.2g	Agricultural cooperatives		☐
2.2h	Retailers		☐
2.2i	Distributors		☐
2.2j	Food hubs		☐
2.2k	Shared-use kitchens		☐
2.2l	School food programs		☐
2.2m	Community supported agriculture (CSAs)		☐
2.2n	Other		☐
2.3	**Number of new tools/ technologies developed to improve local/regional food processing, distribution, aggregation, or storage ___.**		☑
2.3a	Number of stakeholders trained to use new tools/technologies		☑
2.4	**Number of delivery systems/market access points that reported increased or improved:**		☑
2.4a	Processing		☑

Indicator	Description	Estimated number	N/A
2.4b	Distribution		☑
2.4c	Storage		☑
2.4d	Aggregation of locally/ regionally produced agricultural products		☑
2.5	**Total number of delivery systems/market access points that established and/or expanded local/regional agricultural product or service offerings___. Of those, the number that were:**		☐
2.5a	Farmers Markets		☐
2.5b	Roadside Stands		
2.5c	Agritourism		☐
2.5d	Grocery stores		☐
2.5e	Wholesale markets/buyers		☐
2.5f	Restaurants		☐
2.5g	Agricultural cooperatives		☐
2.5h	Retailers		☐
2.5i	Distributors		☐
2.5j	Food hubs		☐
2.5k	Shared-use kitchens		☐
2.5l	School food programs		☐
2.5m	Community supported agriculture (CSAs)		☐
2.5n	Other		☐
2.6	**Number of delivery systems/market access points that reported increased:**		☐
2.6a	Revenue		☐
2.6b	Sales		☐
2.6c	Cost savings		☐

Outcome 3: Increase Viability of Local/Regional Producers and Processors

Indicator	Description	Estimated number	N/A
3.1	**Number of producers/processors who gained knowledge about new market opportunities**		☐
3.2	**Number of producer/processors that reported increased engagement with new delivery systems or market access points**		☐
3.3	**Number of producers/processors that implemented new or improved operational methods**		☐
3.4	**Number of value-added agricultural products developed**		☐
3.5	**Number of producers/processors that reported selling new local/regional food products**		☐
3.5a	Number that reported selling new value-added products		☐
3.6	**Number of producers/processors that reported a reduction in on-farm food waste through new business opportunities and marketing**		☐

Indicator	Description	Estimated number	N/A
3.7	**Number of producers/ processors that reported increased:**		☐
3.7a	Revenue		☐
3.7b	Sales and/or		☐
3.7c	Cost savings due to local/regional food, operational, and/or value-added product activities		☐
3.8	**Number of local/regional agricultural jobs**		☐
3.8a	Created		☐
3.8b	Maintained		☐
3.9	**Total number of new producers who went into local/regional food production ___. Of those, number who are:**		☐
3.9a	Beginning farmers/ranchers		☐
3.9b	Socially disadvantaged farmers/ranchers		☐
3.9c	Family farmers/ranchers		☐
3.9d	Veteran farmers/ranchers		☐

Outcome 4: Increase Consumption and Consumer Purchasing of Local/Regional Agricultural Products

Indicator	Description	Estimated number	N/A
4.1	**Total number of consumers who gained knowledge about local/regional agricultural products ___. Of those, the number of:**		☐
4.1a	Adults		☐
4.1b	Children		☐
4.2	**Total number of consumers who purchased more local/regional agricultural products ___. Of those, the number of:**		☐
4.2a	Adults		☐
4.2b	Children		☐
4.3	**Number of additional local/regional agricultural product customers counted**		☐
4.4	**Number of additional business transactions executed for local/regional agricultural products**		☐
4.5	**Increased sales measured in:**		☐
4.5a	Dollars		☐
4.5b	Percent change		☐
4.5c	Combination of volume and average price as a result of enhanced marketing activities		☐

EXPERTISE AND PARTNERS

Key Staff (Applicant Personnel and External Partner/Collaborators)

List key staff, including applicant personnel and external project partners and collaborators (see section 3.2 in the RFA for definitions) that comprise the Project Team, their role, their relevant experience, and past successes in developing and operating projects similar to those to be conducted under this project. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 5.2.7 in the RFA).

Key staff *Name and Title*	**Role**	**Relevant experience and past successes**

Project Management Plan

*Describe your management plan for coordination, communication, and data sharing and reporting among members of the Project Team and stakeholder groups, including both internal applicant personnel **and** external partners and collaborators.*

FISCAL PLAN AND RESOURCES

Please complete the Budget and Justification below and ensure that you have included Critical Resources and Infrastructure letters to support the application information (see section 5.2.8 in the RFA). You must fill the SF-424 A Budget Information Non – Construction Programs Form along with this section

BUDGET AND JUSTIFICATION

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.

Refer to RFA ***Section 4.4 Allowable and Unallowable Costs and Activities*** *for more information on allowable and unallowable expenses.*

Budget Summary

Expense category	Federal funds	Cost share or match applicant and 3rd parties
Personnel		
Fringe benefits		
Travel		
Supplies		
Contractual		
Other (specify)		
Direct costs subtotal		
Indirect costs		
Total budget *(direct + indirect)*		

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	Match type
1			Year 1: $ Year 2: $	$	$	Cash: ☐ In-Kind: ☐
2			Year 1: $ Year 2: $	$	$	Cash: ☐ In-Kind: ☐
3			Year 1: $ Year 2: $	$	$	Cash: ☐ In-Kind: ☐
			Personnel subtotals: $		**$**	

Fringe Benefits

Provide the fringe benefit rates for each of the project's salaried employees listed above. 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	Match type
1			$	$	Cash: ☐ In-Kind: ☐
2			$	$	Cash: ☐ In-Kind: ☐
3			$	$	Cash: ☐ In-Kind: ☐
		Fringe benefits subtotals: $		**$**	

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 Regulations, 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 #	Trip destination, timing, and justification for requesting funds	Type of expense *(airfare, car rental, hotel, meals, mileage, etc.)*	Unit of measure *(days, nights, miles)*	# of units	Cost per unit	Travelers claiming expense *(#)*	Funds requested	Match value	Match type
1							$	$	Cash: ☐ In-Kind: ☐
2							$	$	Cash: ☐ In-Kind: ☐
3							$	$	Cash: ☐ In-Kind: ☐
						Travel subtotals: $		**$**	

☐ By checking this box, I affirm 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.

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.

Item description and justification for requesting funds	Cost Per-unit	# of units/pieces purchased	Acquire when?	Funds requested	Match value	Match type
				$	$	Cash: ☐ In-Kind: ☐
				$	$	Cash: ☐ In-Kind: ☐
				$	$	Cash: ☐ In-Kind: ☐
			Supplies subtotal: $		**$**	

Contractual

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.

Type	Name/organization and justification for requesting funds	Hourly / flat rate	Funds requested	Match value	Match type
1 ☐ **Contract** ☐ **Subaward**			$	$	Cash: ☐ In-Kind: ☐
2 ☐ **Contract** ☐ **Subaward**			$	$	Cash: ☐ In-Kind: ☐
3 ☐ **Contract** ☐ **Subaward**			$	$	Cash: ☐ In-Kind: ☐
		Contractual subtotal: $		**$**	

☐ By checking this box, I affirm 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 §200.317 through §200.327, as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that 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.

Item Description and Justification for Requesting Funds	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested	Match Value	Match Type
				$	$	Cash: ☐ In-Kind: ☐
				$	$	Cash: ☐ In-Kind: ☐
				$	$	Cash: ☐ In-Kind: ☐
			Other subtotal: $		**$**	

Indirect

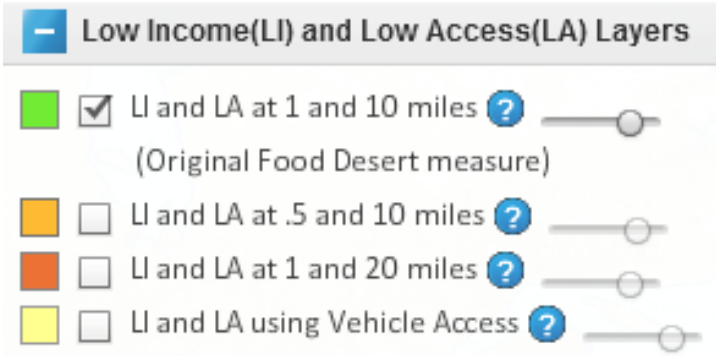
Indirect costs (also known as "facilities and administrative costs"—defined at 2 CFR §200.1) represent the expenses of doing business that are not readily identified with a particular grant, contract, or project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. For the indirect cost formula and additional information, refer to Section 4.2 of the RFA.

Indirect cost rate requested (%)	Funds requested	Match value	Match type
	$	$	Cash: ☐ In-Kind: ☐

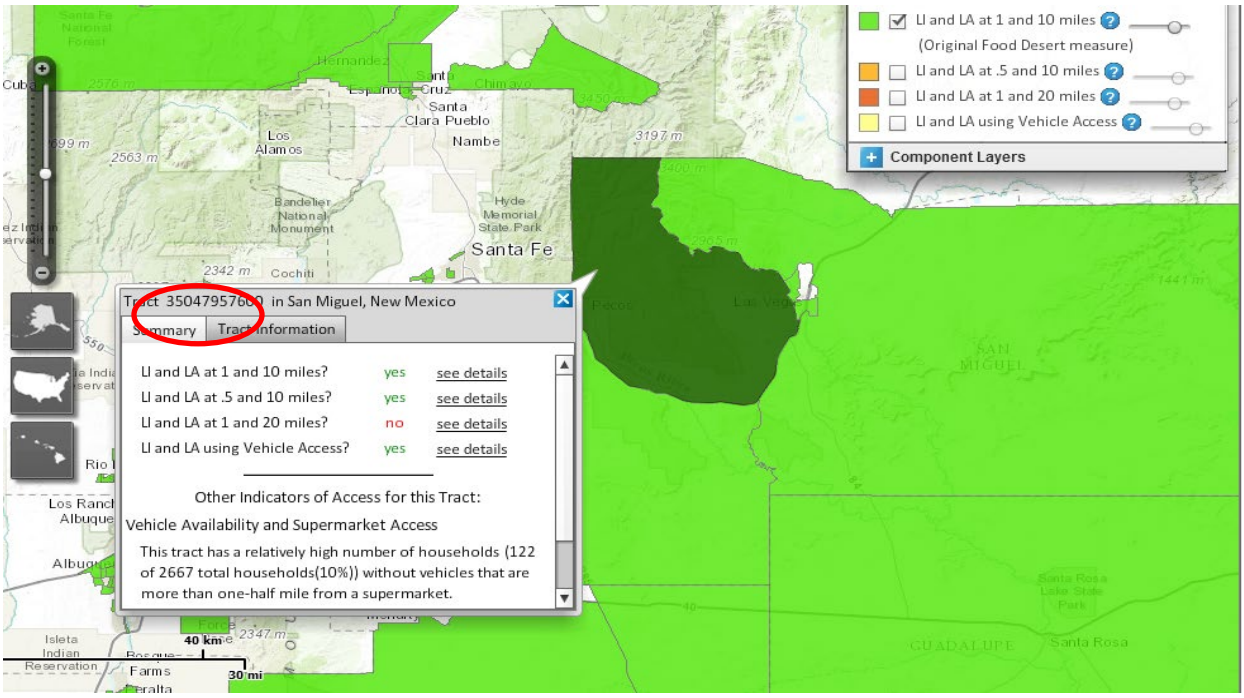
QUALIFYING FOR PRIORITY CONSIDERATION

Food Access Research Atlas (Atlas) http://www.ers.usda.gov/data-products/food-access-research-atlas.aspx

Once you enter the Atlas, check one of the four the map layer(s) that applies to the proposal's targeted community.



Zoom in on the map to identify your community. Clicking on your targeted area will produce the census tract and additional information about the locale. In the example below, the dark green area qualifies as low income and low access, and the census tract would be 35047957600.



EQUAL OPPORTUNITY STATEMENT

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

PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501), 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 4 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.

[Use Letterhead of Organization Providing the Match]

LETTER OF VERIFICATION FOR MATCHING FUNDS

[Application Authorized Organizational Representative]
[Applicant Organization Address]

Dear [Application Authorized Organizational Representative]:

We commit to providing the following matching funds to the [Current Year] [Grant Program] application: [Project title]

1. Cash in the total amount of $XXX, which we will provide during the grant period September 30, [insert year begins] through September 29, [insert year project will terminate].
    a. Funds will be used for [provide particular item(s) corresponding to the budget narrative or describe how the applicant will otherwise use the funds].
    b. We will provide the following amounts per year:

Year:	Amount:
Year 1	$
Year 2	$
Year 3*	$

* Applicable depending on the program.

2. In-kind contributions in the total amount of $XXX, will be contributed as follows:
    a. Salaries and wages of staff time for the following employees:

Employee Name (add additional lines as needed)	Title	Description of Duties	Base Rate ($)/hr or % FTE	Year 1: # of Hours or $ equivalent	Year 2: # of Hours or $ equivalent	Year 3*: # of Hours or $ equivalent

*Applicable depending on the program.

    b. The following items/activities with a total fair market value of $XXX:

Item/Activity (add additional lines as needed)	Fair Market Value per Unit:	How Fair Market Value Determined (must provide documentation):	Amount Donated Year 1:	Amount Donated Year 2:	Amount Donated Year 3*:
	$		$	$	$
	$		$	$	$
	$		$	$	$
	$		$	$	$

* Applicable depending on the program.

Sincerely,

[Signature of Matching Organization Representative]
[Printed Name of Matching Organization Representative]
[Title]
[Email, address and phone number if not already included on letterhead.]

[On Letterhead of Partnering Organization]

PARTNER ORGANIZATION LETTER

[Name of Authorized Organizational Representative /Applicant]
[Applicant Organization]
[City, State]

Dear [Project Director]:

[Optional short introduction describing partnering organization's mission and how its applicable to the proposed project.]

We commit to participating in and supporting the [Current Year] [Project Title], for the period of [include dates of commitment within proposed project period] in the following way(s):

- Person 1 will … (describe role: what the person will do, time commitment)
- Person 2 will … (describe role: what the person will do, time commitment)

The individuals and our organization agree to abide by the management plan contained in the application.

Sincerely,

[Signature of Partnering Organization's Authorized Representative (AR)]

Printed Name of AR
AR's Title (e.g., Executive Director)
Address and telephone number if that information is not already on the letterhead

[On Letterhead of Organization Providing the Critical Resource or Infrastructure]

EVIDENCE OF CRITICAL RESOURCES AND INFRASTRUCTURE

[Name of Applicant's Authorized Organization Representative/Project Director]
[Applicant Organization]
[City, State]

Date: [Enter date]

Dear [Applicant's Project Director]:

We [include a statement about committing/approving/granting permission, etc. of the critical resource or infrastructure] to the 20XX [LFPP/FMPP Project Title], for the time period of [include dates of commitment within proposed project period] in the following way:

[Describe the approved use of the critical resource or infrastructure approved for the project, any costs associated with its use, and any qualifying circumstances for its use.]

☐ By checking this box, I confirm that the critical resource(s) and infrastructure[1] listed above are in place and usable for the start-up, implementation and completion of the proposed project activities. If requested by AMS, I will submit supporting documentation (e.g. copy of lease agreement, licenses, permits, picture(s) of facilities, etc.) as evidence.

Sincerely,

[Signature of Partnering Organization's Authorized Representative (AR)]

Printed Name of AR
AR's Title (e.g., Executive Director)
Address and telephone number if that information is not already on the letterhead

[1] Critical resources and infrastructure can be facilities, land, structure, use of city street/parks, shared-used kitchen, and/or other resources that are essential for the proposed project activities.