# NAME OF APPLICANT ORGANIZATION:

# ORGANIZATIONAL DETAIL:

Provide the name of the Project Director (first and last); phone number; email; and mailing address.

# FUNDS REQUESTED:

Enter the total amount of Specialty Crop Block Grant Program (SCBGP) funds requested. This must match the total of all budget categories in Question 18, Budget Narrative.

# PROJECT TITLE:

Provide a clear, concise, and brief project title.

# PROJECT DURATION:

Ensure the selected dates fall within the grant period.

**Start Date:**

**End Date:**

# SUMMARY

Describe the following:

* The project goals and outcomes.
* The plan for evaluating and measuring the success of the project.

# PROJECT PURPOSE

**Issue, Problem or Need**

Address the following:

* Identify the specific issue, problem, or need the project will address.
* Explain why the project is important and timely to the specialty crop industry.
* Identify the program priority that will be addressed by the project (see Request for Concept Proposals).

# Project Objectives and Work Plan

Using the tables below:

* **Objective:** Identify the main goals the project is seeking to accomplish. All projects must have at least one objective, copy and paste additional sections as needed.
* **Objective Activities:** In the tables provided, describe the tasks necessary to accomplish each of the identified project objective(s), add additional rows as needed.
* **Performed by:** In the tables provided, identify the individuals who will do the work for each activity by title (e.g., Graduate Student Researcher, Nutrition Educator, Web Designer, etc.). All individuals for whom SCBGP funding is requested in the Budget Narrative must be responsible for activities listed in the Project Objectives and Work Plan and must be identified using the same title.
* **Timeline:** In the tables below, provide the estimated beginning and end dates for when each activity will be accomplished using the three-letter abbreviated month and four-digit numerical year (e.g., May 20XX – Oct 20XX). Use specific dates when possible and only include activities occurring within the grant duration.

**Objective 1:** [Describe the objective that will be accomplished] (Month Year - Month Year)

| **Objective 1 Activities** | **Performed by** | **Timeline** |
| --- | --- | --- |
| [Describe each activity that will support Objective 1] | Title | Mon Year – Mon Year |
|  |  |  |
|  |  |  |
|  |  |  |

**Objective 2:** [Describe the objective that will be accomplished] (Month Year - Month Year)

| **Objective 2 Activities** | **Performed by** | **Timeline** |
| --- | --- | --- |
| [Describe each activity that will support Objective 2] | Title | Mon Year – Mon Year |
|  |  |  |
|  |  |  |
|  |  |  |

**Objective 3:** [Describe the objective that will be accomplished] (Month Year - Month Year)

| **Objective 3 Activities** | **Performed by** | **Timeline** |
| --- | --- | --- |
| [Describe each activity that will support Objective 3] | Title | Mon Year – Mon Year |
|  |  |  |
|  |  |  |
|  |  |  |

**Objective 4:** [Describe the objective that will be accomplished] (Month Year - Month Year)

| **Objective 4 Activities** | **Performed by** | **Timeline** |
| --- | --- | --- |
| [Describe each activity that will support Objective 4] | Title | Mon Year – Mon Year |
|  |  |  |
|  |  |  |
|  |  |  |

**Objective 5:** [Describe the objective that will be accomplished] (Month Year - Month Year)

| **Objective 5 Activities** | **Performed by** | **Timeline** |
| --- | --- | --- |
| [Describe each activity that will support Objective 5] | Title | Mon Year – Mon Year |
|  |  |  |
|  |  |  |
|  |  |  |

**Objective 6:** [Describe the objective that will be accomplished] (Month Year - Month Year)

| **Objective 6 Activities** | **Performed by** | **Timeline** |
| --- | --- | --- |
| [Describe each activity that will support Objective 6] | Title | Mon Year – Mon Year |
|  |  |  |
|  |  |  |
|  |  |  |

# Project Beneficiaries

Estimated number of project beneficiaries: [Insert the total number of project beneficiaries.]

Please check the appropriate boxes:

Does this project directly benefit underserved farmers as defined in the RFA?

Yes [ ]  No [ ]

Does this project directly benefit beginning farmers as defined in the RFA?

Yes [ ]  No [ ]

Address the following:

* The number of project beneficiaries. The number cited should be a reasonable estimate of the number of individuals that could realistically be directly impacted by the results of the project. All estimates should be trackable and reportable within the project duration.
* Identify and quantify the project beneficiaries and describe how they will benefit from the project objectives.
* Address how the proposal benefits the specialty crop industry rather than directly benefiting a single organization, such as the applicant.

# Statement of Enhancing Specialty Crops

|  |  |
| --- | --- |
| By checking the box to the right, the recipient confirms that this project enhances the competitiveness of specialty crops in accordance with and defined by the Farm Bill.  | [ ]  |

SCBGP funds can only benefit specialty crops as defined by the U.S. Department of Agriculture (USDA). Therefore, projects that may have the potential to benefit ineligible products or commodities must address how SCBGP funding will be used to enhance the competitiveness of eligible specialty crops.

* + If the project has the potential to enhance the competitiveness of non-specialty crops, describe in detail what tracking mechanisms and processes are in place or will be implemented to verify all SCBGP funds are expended on activities and costs that enhance the competitiveness of eligible California specialty crops.
	+ If the project does not have the potential to enhance the competitiveness of non-specialty crops, indicate “This project does not enhance the competitiveness of non-specialty crops.”

*Note: Cost-share (matching funds or in-kind contribution) may be used to cover the cost of non-specialty crop/unallowable activities and costs.*

# Continuation of Project Information

If applicable, address the following (if the project does not build upon a prior year SCBGP Project, indicate “This project does not build upon a previously funded SCBGP Project”):

***How this project will differ from and build on the previous efforts:***

* Describe how this project will differ from and build upon the previous project(s).
* Describe how the goals of this project differ from those of the previous project(s).

***Summary of the outcomes of the previous efforts:***

* Provide the grant agreement number (e.g., 17-0275-001-SC, or SCB16001) for the previous SCBGP project(s) and a summary (three to five sentences) of the outcomes of the previous efforts.

***Lessons learned on potential project improvements:***

* Provide lessons learned from the previous project, including potential improvements and how they will be incorporated into the project so that it is more effective and successful at meeting goals and outcomes.

***How lessons learned and improvements will be incorporated into the project to make the ongoing project more effective and successful at meeting goals and outcomes.***

* Provide a description of how the lessons learned and improvements will be incorporated into the proposed project to make it more effective and successful at meeting goals and outcomes.

# Project Sustainability

SCBGP projects should have a long-term impact without relying indefinitely on grant funding. Describe:

* The likelihood of the project becoming self-sustaining and not indefinitely dependent on SCBGP funds, and/or;
* The benefit(s) to California’s specialty crop industry resulting from the project that will continue beyond the grant duration.

# Support from Other Federal or State Grant Programs

Activities funded under the SCBGP cannot duplicate activities funded by another federal or state grant program. Please select the appropriate box:

Was this project submitted 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 the proposal has been or will be submitted to or funded by another federal or state grant program other than the SCBGP, address each of the following:

***Program Name:***

* Identify the federal or state program and the agency administering the program.
* List the amount of grant funds requested or awarded by the program.

***How the SCBGP project differs from or supplements the other grant program's efforts:***

* Describe how the proposed SCBGP project supplements rather than duplicates efforts funded by the other federal or state grant program.

*Note: SCBGP will not fund duplicative projects. Failure to disclose other support from federal or state grant programs, whether applied for or received, may result in the disqualification of a proposal. If at any time an applicant is awarded funds from another federal or state grant program, it is the responsibility of the applicant to notify the California Department of Food and Agriculture immediately.*

# EXTERNAL PROJECT SUPPORT

Proposals must demonstrate that the specialty crop industry approves of/endorses the project objectives. In this section, identify at least one specific specialty crop stakeholder and explain why they believe the project is important and timely. Stakeholders included in the external project support section should:

* Be individuals or organizations involved in the specialty crop industry (e.g., specific growers, companies, certified crop advisors and pest control advisors, commodity boards or commissions, trade associations, etc.) rather than the general public, legislators, or any organizations not affiliated with the specialty crop industry.
* Not receive project funding. The applicant, employees of the applicant, contractors, or any other entity that will receive project funding should not be included.
* Be supportive of what the project will accomplish.

# EXPECTED MEASURABLE OUTCOMES

Complete the Outcome Measures Template (Form 1.6.1.1). The following must be addressed in the Outcome Measures template:

* Outcome: Using the check boxes provided, select at least one of the seven outcome measures.
* Indicator: Using the check boxes provided, identify at least one indicator for each selected outcome. Complete the fillable text fields for each indicator selected. If there are multiple sub-indicators under a selected indicator, enter a value for at least one.
* Description: Within the description section for each outcome selected, describe the data collection methods and activities that will be undertaken to monitor and report on the outcome(s) and indicator(s) selected.

*Note: Outcome measures and the associated indicators were developed by USDA and the Office of Management and Budget and cannot be altered or amended in any way. All selected outcome measures and indicators/sub-indicators must be achievable within the grant duration.*

# PROJECT OVERSIGHT

Provide a summary of qualifications for the Project Director(s), Project Manager(s), Principal Investigator(s), and any collaborators who will receive a portion of the project funds or who will directly manage activities funded through the SCBGP.

# COST SHARING SUMMARY

If cost share (matching funds and/or in-kind contributions) has been secured, complete the table below, identifying the source, nature, amount, and purpose of any cost share. For the *Type of Cost Share*, please indicate matching funds or in-kind funds\*. Note, cost share is not a requirement of the SCBGP and is discouraged by USDA.

| **Amount** | **Type of Cost Share** | **Source** | **Summary of Activities or Costs Covered with Matching Funds or In-kind Contributions** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\* *Matching funds refers to a dollar amount committed to your project from a source other than the SCBGP. An in-kind contribution is the estimated dollar value of any time, property, or supplies donated to your project.*

# BUDGET NARRATIVE

Complete the applicable sections of the Budget Narrative. All expenses described in this budget narrative must be associated with expenses that will be covered by the SCBGP. Do not include any costs/activities that will be covered by cost sharing. Please reference the Grant Proposal Instructions, Allowable and Unallowable Costs and Activities, and Procuring Goods and Services Using Federal Funds supplement for assistance in developing the budget narrative.

**Budget Summary**

| **Expense Category** | **Funds Requested** |
| --- | --- |
| **A. Personnel** |  |
| **B. Fringe Benefits** |  |
| **C. Travel** |  |
| **D. Equipment** |  |
| **E. Supplies** |  |
| **F. Contractual** |  |
| **G. Other** |  |
| **Direct Costs Subtotal** |  |
| **H. Indirect Costs** |  |
| **Total Budget** | **[Total SCBGP funds requested]** |

For sections A through H, complete the tables provided below by filling in the requested information; applicants may add or remove rows as needed. In addition, provide a written justification of the costs listed for sections A, C, D, E, F, and G ensuring justifications address the specified criteria.

**A. Personnel**

In the table below, list the employees whose time and effort can be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops. For each employee, provide:

* The individual's name, if known (indicate TBD if the name is not yet known).
* Their title (e.g. Graduate Student Researcher Principal Investigator, Project Manager, etc.).
* Their level of effort on the project. For hourly employees, provide the number of hours to be worked. For salaried employees, provide the percent full time equivalent (% FTE).
* The total amount of funds requested for the individual.

**IMPORTANT: All individuals listed under section A. Personnel must be listed in the Project Objectives and Work Plan and must be identified using the same title.**

| **#** | **Name/Title** | **Level of Effort**(# of hours or % FTE) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | [Employee Name (indicate TBD if the employee name is unknown), Title] |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
|  |  | **Personnel Subtotal** |  |

**Salary and Wages Justification:** For each individual listed in the table above, provide a brief summary of their duties and identify the project objectives from the Project Objectives and Work Plan section that they will be responsible for completing. Include the Objective(s) that are associated with each employee listed.

**Employee 1:** Include justification for Employee 1. (Objective XX)

**Employee 2:** Include justification for Employee 2. (Objective XX)

**Employee 3:** Include justification for Employee 3. (Objective XX)

**B. Fringe Benefits**

In the table below, provide the fringe benefit rate for each employee that will be paid with SCBGP funds. Fringe benefits expense is calculated as a percentage of an individual’s salary or wages and should be determined according to the organization's established fringe benefits policy. For each employee, provide:

* The individual's name, if known.
* Their title (e.g. Graduate Student Researcher) and role in the project, if applicable (e.g. Principal Investigator, Project Manager, etc.).
* The fringe benefit rate.
* The total amount of funds requested for the individual.

| **#** | **Name/Title** | **Fringe Benefit Rate**(% of salary or wages) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | [Employee Name (indicate TBD if the employee name is unknown), Title]  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
|  |  | **Fringe Subtotal** |  |

|  |  |
| --- | --- |
| **CONFORMING WITH YOUR FRINGE BENEFITS POLICY**By checking the box to the right, the recipient confirms that the organization’s established fringe benefits policy was used in determining the fringe benefits costs listed above. | [ ]  |

**C. Travel**

In the table below, provide a description of all travel in support of project activities that enhance the competitiveness of specialty crops. Project participants must use the lowest reasonable commercial airfares. 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>. For each project related trip, provide:

* The trip destination (city or county).
* The type of travel expense incurred (e.g. hotel, airfare, mileage, etc.). Add additional rows as needed.
* The unit of measure for each expense (e.g. nights, round trip flights, miles, etc.).
* The number of units for each expense (e.g. 1 night, 1 round trip flight, 250 miles, etc.).
* The cost per unit for each expense (e.g. $96 per night, $500 per round trip flight, $0.67 per mile, etc.).
* The number of individuals claiming each expense.
* The total funds requested.

| **#** | **Trip Destination** | **Type of** **Expense** | **Unit of Measure** | **Number of Units** | **CostperUnit** | **Number Claiming Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Travel Subtotal** |  |

**Travel Justification:** For each trip listed in the table above, provide the approximate dates of travel, an explanation of how the trip will achieve the objectives and outcomes of the project, and the title of the person(s) traveling. Multiple trips for the same purpose may be grouped together rather than providing a separate, duplicative justification for each. All trips must tie back to the activities outlined on the Project Objectives and Work Plan section. Include the Objective(s) associated with each trip.

**Trip 1 (Approximate Date of Travel MM/YYYY):** Include justification for Trip 1. (Objective XX)

**Trip 2 (Approximate Date of Travel MM/YYYY):** Include justification for Trip 2. (Objective XX)

**Trip 3 (Approximate Date of Travel MM/YYYY):** Include justification for Trip 3. (Objective XX)

**Trip 4 (Approximate Date of Travel MM/YYYY):** Include justification for Trip 4. (Objective XX)

|  |  |
| --- | --- |
| **CONFORMING WITH YOUR TRAVEL POLICY** By checking the box to the right, the recipient confirms that the organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) as applicable. | [ ]  |

**D. Equipment**

In the table below, describe any equipment to be purchased with SCBGP funds. Equipment refers to tangible, nonexpendable, personal property having a useful life of more than one year and an acquisition cost that equals or exceeds $10,000 per unit and is used only for research, scientific, or other technical activities. For each unit of project related equipment, provide:

* The name of the item and manufacturer.
* Identify the grant year the equipment will be purchased (e.g. Year 1, Year 2, Year 3).
* The total amount of funds requested per item (must exceed $10,000).

| **#** | **Item Description** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  | **Equipment Subtotal** |  |

**Equipment Justification:** For each piece of equipment listed in the table above, provide a description of how it will be used to achieve the objectives and outcomes of the project. Include the Objective(s) associated with each cost.

**Item 1:** Include justification for Item 1. (Objective XX)

**Item 2:** Include justification for Item 2. (Objective XX)

**E. Supplies**

In the table below, list the materials, supplies, and fabricated parts costing less than $10,000 per unit to be purchased and describe how they will support the purpose and goal of the proposal and enhance the competitiveness of specialty crops. For each project related supply, provide:

* The type of supply (do not include general use office supplies).
* The cost per unit.
* The number of units to be purchased.
* Identify the grant year the supply will be purchased (e.g. Year 1, Year 2, Year 3).
* The total amount of funds requested for the supply.

| **#** | **Item Description** | **Cost Per Unit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
|  |  |  |  | **Supplies Subtotal** |  |

**Supplies Justification:** For each supply listed in the table above, provide a description of how it is necessary for the completion of the project’s objectives and outcomes. All supplies must be tied to specific project activities; do not include general use office supplies. Include the Objective(s) associated with each cost.

**Supply 1:** Include justification for Supply 1. (Objective XX)

**Supply 2:** Include justification for Supply 2. (Objective XX)

**Supply 3:** Include justification for Supply 3. (Objective XX)

**Supply 4:** Include justification for Supply 4. (Objective XX)

**F. Contractual**

In the table below, provide an overview of all project related contractual costs. Contractual 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. For each contractor that will conduct project activities and receive grant funds, provide:

* The contractor name/organization.
* The project objectives the contractual services will support.
* The fee structure of the contractor (e.g. Salary and Wages, Fees for Professional Services, Flat-Rate). *Additional information on fee structures is available in the Procuring Goods and Services Using Federal Funds supplemental document.*
* The total amount of funds requested for the contractor.

**IMPORTANT: All organizations listed under section F. Contractual must be listed in the Project Objectives and Work Plan and must be identified using the same title.**

| **#** | **Contractor Name/Organization** | **Hourly Rate/****Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
|  |  | **Contractual Subtotal** |  |

**Contractual Justification:** For each contractor listed in the table above:

**Contractor 1: Name of Contractor**

* Provide a brief summary of the project activities the contractor will accomplish to meet the objectives and outcomes of the project.
	+ If the contractor’s salary/hourly wages or fee for professional services exceeds the [General Schedule](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/) Grade 15 Step 10 (GS 15 Step 10) for the locality in which work will occur, provide a justification for the expense.
	+ If the contractor will utilize a flat-rate structure, provide a more detailed description of the activities that will be conducted and provide a justification for the use of a flat-rate fee and describe the steps taken to determine the rate is reasonable and consistent with fees in the marketplace for similar services.

Complete the appropriate budget subsections for each contractor, including a justification for each cost. Copy additional rows if needed. This section should not be completed for flat-rate contracts:

***Contractor 1: A. Personnel***

| **#** | **Name/Title** | **Level of Effort**(# of hours or % FTE) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | [Employee Name (indicate TBD if the employee name is unknown), Title] |  |  |
| 2 |  |  |  |
|  |  | **Personnel Subtotal** |  |

***Employee 1:*** Include justification for Employee 1. (Objective XX)

***Employee 2:*** Include justification for Employee 2.(Objective XX)

***Contractor 1: B. Fringe Benefits***

| **#** | **Name/Title** | **Fringe Benefit Rate**(% of salary or wages) | **Funds Requested** |
| --- | --- | --- | --- |
| 1 | [Employee Name (indicate TBD if the employee name is unknown), Title]  |  |  |
| 2 |  |  |  |
|  |  | **Fringe Subtotal** |  |

|  |  |
| --- | --- |
| **CONFORMING WITH YOUR FRINGE BENEFITS POLICY**By checking the box to the right, the recipient confirms that the organization’s established fringe benefits policy was used in determining the fringe benefits costs listed above. | [ ]  |

***Contractor 1: C. Travel***

| **#** | **Trip Destination** | **Type of** **Expense** | **Unit of Measure** | **Number of Units** | **CostperUnit** | **Number Claiming Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
|  |  |  |  |  |  | **Travel Subtotal** |  |

***Trip 1 (Approximate Date of Travel MM/YYYY):*** Include justification for Trip 1. (Objective XX)

***Trip 2 (Approximate Date of Travel MM/YYYY):*** Include justification for Trip 2.(Objective XX)

|  |  |
| --- | --- |
| **CONFORMING WITH YOUR TRAVEL POLICY** By checking the box to the right, the recipient confirms that the organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) as applicable. | [ ]  |

***Contractor 1: D. Equipment***

| **#** | **Item Description** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  | **Equipment Subtotal** |  |

***Item 1:*** Include justification for Item 1. (Objective XX)

***Item 2:*** Include justification for Item 2. (Objective XX)

***Contractor 1: E. Supplies***

| **#** | **Item Description** | **Cost Per Unit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |  |  |  | **Supplies Subtotal** |  |

***Supply 1:*** Include justification for Supply 1. (Objective XX)

***Supply 2:*** Include justification for Supply 2. (Objective XX)

***Contractor 1: F. Contractual***

| **#** | **Contractor Name/Organization** | **Hourly Rate/****Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
|  |  | **Contractual Subtotal** |  |

(Copy tables for sections A-H for each sub-contractor as needed)

***Sub-Contractor 1:*** Include justification for Contractor 1. (Objective XX)

***Sub-Contractor 2:*** Include justification for Contractor 2.(Objective XX)

|  |  |
| --- | --- |
| **CONFORMING WITH YOUR PROCUREMENT STANDARDS**By checking the box to the right, the recipient confirms that the 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](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D#200.317), as applicable. If the contractor(s)/consultant(s) are not already selected, the organization will follow the same requirements. | [ ]  |

***Contractor 1: G. Other***

| **#** | **Item Description** | **Cost PerUnit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
|  |  |  |  | **Other Subtotal** |  |

***Expense 1:*** Include justification for Other Expense 1. (Objective XX)

***Expense 2:*** Include justification for Other Expense 2. (Objective XX)

***Contractor 1: H. Indirect Costs***

|  |  |  |
| --- | --- | --- |
| **Total Personnel and Fringe Benefits** | **Indirect Cost Rate** | **Funds Requested** |
| 1. Personnel Costs + B. Fringe Benefits
 | 8% maximum |  |

**Contractor 2:**

(Copy tables above for Contractor 2 summary and sections A-H as needed)

**Contractor 3:**

(Copy tables above for Contractor 3 summary and sections A-H as needed)

**Contractor 4:**

(Copy tables above for Contractor 4 summary and sections A-H as needed)

|  |  |
| --- | --- |
| **CONFORMING WITH YOUR PROCUREMENT STANDARDS**By checking the box to the right, the recipient confirms that the 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](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D#200.317), as applicable. If the contractor(s)/consultant(s) are not already selected, the organization will follow the same requirements. | [ ]  |

**G. Other**

In the table below, list any expenses not covered in the previous budget categories. Expenses in this section may include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection. For each project related expense listed under G. Other, provide:

* A description of the type of expense.
* The cost per unit.
* The number of units to be purchased.
* Identify the grant year the expense will be incurred (e.g. Year 1, Year 2, Year 3).
* The total amount of funds requested.

| **#** | **Item Description** | **Cost PerUnit** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
|  |  |  |  | **Other Subtotal** |  |

**Other Justification:** For each expense listed above, provide a description of the purpose and why it is necessary for the completion of the project’s objectives and outcomes. Please note that non-travel related meal costs must include an adequate justification to support that these expenses are not entertainment costs. Include the Objective(s) associated with each cost.

**Expense 1:** Include justification for Other Expense 1. (Objective XX)

**Expense 2:** Include justification for Other Expense 2. (Objective XX)

**Expense 3:** Include justification for Other Expense 3. (Objective XX)

**Expense 4:** Include justification for Other Expense 4. (Objective XX)

**H. Indirect Costs**

The indirect cost rate must not exceed 8 percent of total personnel costs (section A. Personnel plus section B. Fringe Benefits). 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. In the table below, provide:

* The total amount of applicant personnel costs (A. Personnel + B. Fringe Benefits).
* The indirect cost rate to be charged (8% maximum).
* The total amount of funds requested.

|  |  |  |
| --- | --- | --- |
| **Total Personnel and Fringe Benefits** | **Indirect Cost Rate** | **Funds Requested** |
| 1. Personnel Costs + B. Fringe Benefits
 | 8% maximum |  |

**Program Income**

Program income is gross income earned by a recipient or subrecipient under a grant that is directly generated by the grant-supported activity (or earned as a result 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. In the table below, provide:

* A description of the source/nature of program income.
* A detailed explanation of how program income will be reinvested into the project and will be used to enhance specialty crops. Note, program income is subject to the same guidelines and restrictions as SCBGP grant funds.
* The total amount of estimated program income.

If program income will not be generated, delete table and note “Program income will not be generated.”

| **Source/Nature of****Program Income** | **How will Program Income be Reinvested into the Project to Enhance Specialty Crops?** | **Estimated****Program Income** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
| **Program Income** **Subtotal** |  |