

Specialty Crop Block Grant Program - Concept Proposal Budget

Form 1.6.1.2. (08.2024)

State of California

California Department of Food and Agriculture

Office of Grants Administration

Proposal Identification Number (PIN)	
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Total SCBGP Funds Requested	
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For each budget category described in column one below, enter the amount of Specialty Crop Block Grant Program (SCBGP) funds requested (rounded to the nearest whole dollar) in column two and a description of the costs or activities to be covered in column three. A description is required for each budget category in which funds are requested, except for category H. Indirect Costs and category I. Total SCBGP Funds Requested. Failure to submit the required budget template or submission of an alternate template/file type may result in disqualification.

Budget Categories	Amount of Funds Requested <i>(Round to nearest whole dollar)</i>	Description of Costs or Activities <i>(Required except for categories H. and I.)</i>
A. Salary and Wages Cost of salary and wages for time spent working on the project by employees of the applicant organization.		
B. Fringe Benefits Cost of fringe benefits for time spent working on the project in accordance with the applicant organization's established fringe benefits policy.		
C. Travel ¹ Cost of project related travel for all individuals except contractual personnel.		
D. Special Purpose Equipment Cost to purchase special purpose equipment (for items greater than \$10,000 per unit) necessary to achieve project objectives.		
E. Supplies Cost to purchase supplies (for items less than \$10,000 per unit) necessary to achieve project objectives.		
F. Contractual ² Cost of work by individuals/organizations other than the applicant (e.g., cooperators, consultants, contractors, partners, etc.).		

G. Other Cost of all other expenses (e.g., conference registration, speaker/trainer fees, stipends, publication fees, data collection, lab analysis, rentals, subscriptions, etc.).		
H. Indirect Costs Facilities and administrative costs.		<i>Must not exceed 8.00% of total personnel costs (A. Salary and Wages + B. Fringe Benefits)</i>
I. Total SCBGP Funds Requested Sum of categories A through H.		<i>Must match "Funds Requested" in FFAST and be within the grant funding range as specified in the Request for Concept Proposals.</i>
J. Program Income Income (if any) that may be generated by a supported activity or earned as a result of the award.		

¹ Travel within and outside of California must not exceed the travel rates established by the U.S. General Services Administration (GSA) <http://www.gsa.gov/portal/content/104877>

² Contractual hourly rates must not exceed the GS-15 step 10 rate for your area. To access the GS-15 step 10 rate, visit the following website and click on GS Pay Tables under General Schedule and Locality Pay Tables: <https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/>