*Must be completed using 11-point font and not to exceed five pages excluding the budget narrative.*

**Project Title:**

Provide a clear and concise project title.

Click here to enter text.

**Project Description:**

Include a brief summary of the project using non-technical language, not to exceed 200 words.

Click here to enter text.

**Project Purpose:**

Identify the specific issue, problem, or need that the project will address, and explain why the project is important.

All of the following must be addressed:

1. State the specific issue, problem or need.

Click here to enter text.

1. Describe the project (what is being funded, who is doing the work, what the project will entail).

Click here to enter text.

1. State why the project is important to the California agriculture industry.

Click here to enter text.

1. State how the project will achieve the identified CalAgPlate program goals.

Click here to enter text.

1. State how activities will be monitored to ensure funding benefits agricultural education, agricultural career awareness development/ training, and agricultural leadership development.

Click here to enter text.

**Prior Year CalAgPlate Project:**

Indicate if the project builds upon a previously funded CalAgPlate grant.   
Choose an item.

If yes, provide the CalAgPlate grant agreement number(s), explain how the new project differs from, complements, or builds upon previous work.  
Click here to enter text.

**Funding Sources:**

Indicate if the proposal has been submitted to or funded by another state or federal grant program.

Choose an item.  
If the proposal has been or will be submitted to or funded by another state or federal grant program other than the CalAgPlate, all of the following must be addressed:

1. Identify the state or federal grant program and the agency administering the program.

Click here to enter text.

1. State the amount of grant funds requested or awarded by the program.

Click here to enter text.

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

Click here to enter text.

**Potential Impact:**

State how the project potentially impacts statewide agricultural education, agricultural career awareness development/ training, and agricultural leadership development. The following must be addressed:

1. Identify the beneficiaries of the project.

Click here to enter text.

1. Quantify the number of beneficiaries that will be impacted.

Click here to enter text.

1. How does this program benefit the public rather than a single organization, institution, or individual?

Click here to enter text.

**Expected Measurable Outcomes:**

Describe the expected measurable outcome(s) and how they relate to both the proposed project and the CalAgPlate program goals. Provide and describe in detail at least one distinct, quantifiable, and measurable outcome that directly and meaningfully support the project’s purpose and is of direct importance to the intended CalAgPlate beneficiaries.

The measurable outcome must include the following:

1. Goal
2. Performance Measure
3. Benchmark
4. Target

Click here to enter text.

**Work Plan:**

Fill out the provided timeline to describe the activities necessary to accomplish project objective. Include performance indicators that support outcome measures and the person responsible for preforming the activity.

Provide timelines (mm/yy) for accomplishing each activity as well as the beginning and end dates for the project.

*Only grant-funded activities occurring during the timeframe of the proposed project should be included.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Activity** | **Performance Indicator** | **Performed by** | **Timeline (mm/yy-mm/yy)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

*\*Add rows as needed*

**Evaluation and Performance Monitoring Plan:**

Describe what the project is expected to accomplish and how it will be evaluated while in progress and upon conclusion. The following must be addressed:

1. Describe the evaluation methods (surveys, meetings, etc.).

Click here to enter text.

1. Identify the individual(s) who will be collecting and analyzing the data.

Click here to enter text.

1. State when the evaluation will take place (timeframe).

Click here to enter text.

1. Explain how the data gathered will be used to correct deficiencies and improve performance.

Click here to enter text.

**Project Oversight:**

Describe the oversight practices that provide sufficient knowledge of all program activities to ensure proper and efficient administration of the project.

1. Identify the Project Director and Co-Project Director;

Click here to enter text.

1. List oversight practices and activities.

Click here to enter text.

|  |  |
| --- | --- |
| **Total Amount of CalAgPlate Funds Requested** |  |

All expenses described in this budget narrative must be associated with expenses that will be covered by the CalAgPlate funds. 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 justification of the costs listed for sections A, C, E, and F, ensuring justifications address all the specified criteria.

|  |
| --- |
| **A. PERSONNEL (SALARY AND WAGES)** |

In the table below, list only persons employed by applicant organization whose time and effort can be specifically identified and easily and accurately traced to project activities. For each employee, provide:

* The individual's name, if known.
* Their title (e.g. Director) and role in the project, if applicable (e.g. 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.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Title** | **Level of Effort**  (# of hours or % FTE) | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| **Salary and Wages Subtotal** | | |  |

**Salary and Wages Justification:** For each individual listed in the table above, provide a brief summary of their duties and identify the project activities from the Work Plan that they will be responsible for completing.

**Employee 1:**

**Employee 2:**

|  |
| --- |
| **B. FRINGE BENEFITS** |

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

* The individual's name, if known.
* Their title (e.g. Director) and role in the project, if applicable (e.g. 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 |  |  |  |
| 2 |  |  |  |
| **Fringe Benefits Subtotal** | | |  |

|  |
| --- |
| **C. TRAVEL** |

In the table below, provide a description of all travel in support of CalAgPlate project activities. Travel costs are limited to established state government per diem rates ([travel within California](http://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx)) and U.S. government per diem rates ([U.S. travel outside of California](https://www.gsa.gov/travel/plan-book/per-diem-rates)). For each project related trip, provide:

* The trip destination (city).
* 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, roundtrip flights, miles, etc.).
* The number of units for each expense (e.g. 1 night, 1 roundtrip flight, 250 miles, etc.).
* The cost per unit for each expense (e.g. $95 per night, $500 per r/t flight, $.545 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** | **Cost per Unit** | **# Claiming  Expense** | **Funds  Requested** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| **Travel Subtotal** | | | | | | |  |

**Travel Justification:** For each trip listed in the table above, provide the approximate dates of travel and the purpose of the trip. 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 projects objectives and activities outlined in the work plan.

**Trip 1:**

**Trip 2:**

|  |
| --- |
| **D. EQUIPMENT** |

In the table below, describe any equipment to be purchased with CalAgPlate funds. Equipment refers to an article of nonexpendable, tangible personal property having a useful life of more than one year and a purchase cost which equals or exceeds $5,000 per unit. For each item of equipment, provide:

* The item of equipment description.
* The intended use of the equipment.
* The total amount of funds requested per item (must exceed $5,000).

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Item Description** | **Intended Use** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| **Equipment Subtotal** | | |  |

|  |
| --- |
| **E. SUPPLIES** |

In the table below, list the materials and supplies costing less than $5,000 per unit. Supplies can be anything from office supplies and software to education or field supplies. For each project related supply, provide:

* The type of supply.
* The cost per unit.
* The number of units to be purchased.
* When the supply will be purchased (corresponds with work plan).
* The total amount of funds requested for the supply.

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

**Supplies Justification:** For non-typical materials and supplies, include a brief narrative of how this fits with the project.

**Supply 1:**

**Supply 2:**

|  |
| --- |
| **F. CONTRACTUAL** |

In the table below, provide an overview of all project related contractual costs. Compensation for individual contractual fees should be reasonable and consistent with fees in the marketplace for similar services. For each individual 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. flat-rate, hourly rate, etc.).
* The total amount of funds requested for the contractor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Contractor Name/Organization** | **Project Objectives** | **Fee Structure** | **Funds Requested** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| **Contractual Subtotal** | | | |  |

**Contractual Justification:** For each contractor listed in the table above provide a short description of services and itemize categories (e.g. professional service, travel, lodging, etc.) the contractor will complete to meet the objectives and outcomes of the project.

**Contractor 1:**

**Contractor 2:**

|  |
| --- |
| **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 other, provide:

* A detailed description of the type of expense.
* The cost per unit.
* The number of units to be purchased.
* When the expense will be incurred (grant year).
* The total amount of funds requested.

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

|  |
| --- |
| **H. INDIRECT COSTS** |

Indirect costs are costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. The indirect cost rate must not exceed 5 percent of total Personnel Services.

Formula: (Total Personnel + Total Fringe Benefits) x 0.05= Total Indirect Costs.

In the table below, provide:

* The total amount of applicant direct costs (Total Personnel + Total Fringe Benefits).
* The indirect cost rate to be charged (5% maximum).
* The total amount of funds requested.

|  |  |  |
| --- | --- | --- |
| **Total Direct Costs**  (Total Personnel + Total Fringe Benefits) | **Indirect Cost Rate**  (5% maximum) | **Funds Requested** |
|  |  |  |

|  |
| --- |
| **PROGRAM INCOME** *\*Do not include in total funds requested* |

Program Income is the income you earn that is directly generated by a supported activity or earned as a result of the award. For each program year, indicate if income will be earned on the project and how the income will be used to further enhance agricultural education. 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 further enhance agricultural education.
* The total amount of estimated program income.

|  |  |  |
| --- | --- | --- |
| **Nature/Source of Program Income** | **How will Program Income be reinvested into the Project to further enhance agriculture education?** | **Estimated**  **Program Income** |
|  |  |  |