



## 2023 SPECIALTY CROP BLOCK GRANT - APPLICATION IDAHO STATE DEPARTMENT OF AGRICULTURE

# SCBGP PROJECT PROFILE TEMPLATE

---

Please fill out as thoroughly as possible, directly in the space provided. Each applicant may submit up to four applications. **DEADLINE** for submitting application is **Sunday, March 5, 2023**. The acceptable font size for the narrative is 11 or 12 pitch with all margins at 1 inch. Type answers into space provided. Limit is fifteen (15) pages or less (not including application cover sheet or letters of support).

### ORGANIZATION DETAIL

**Organization Name:**

**Project Contact Name:**

**Mailing Address:**

**Phone:**

**Email:**

### PROJECT TITLE

### DURATION OF PROJECT

**Start Date:**

**End Date:**

## PROJECT PARTNER AND SUMMARY

*Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a very brief (one sentence, if possible) description of your project. A Project Summary includes:*

- 1. The name of the applicant organization that if awarded a grant will establish an agreement or contractual relationship with the State Department of Agriculture to lead and execute the project,*
- 2. The project's purpose, deliverables, and expected outcomes and*
- 3. A description of the general tasks/activities to be completed during the project period to fulfill this goal.*

### **FOR EXAMPLE:**

The ABC University will mitigate the spread of citrus greening (Huanglongbing) by developing scientifically-based practical measures to implement in a quarantine area and disseminating results to stakeholders through grower meetings and field days.

## **PROJECT PURPOSE**

PROVIDE THE SPECIFIC ISSUE, PROBLEM OR NEED THAT THE PROJECT WILL ADDRESS

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

*Include as many objectives as needed.*

**Objective 1:**

**Objective 2:**

**Objective 3:**

**Objective 4:**

**Objective 5:**

**Objective 6:**

**Objective 7:**

**Objective 8:**

**Objective 9:**

**Objective 10:**

## PROJECT BENEFICIARIES

**Estimate the number of project beneficiaries:**

**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**

## STATEMENT OF ENHANCING SPECIALTY CROPS

By checking the box to the right, I confirm that this project enhances the competitiveness of specialty crops in accordance with and defined by the Farm Bill. Further information regarding the definition of a specialty crop can be found at [www.ams.usda.gov/services/grants/scbgp](http://www.ams.usda.gov/services/grants/scbgp).

## CONTINUATION PROJECT INFORMATION

**Does this project continue the efforts of a previously funded SCBGP project?**                      **Yes**                      **No**

*If you have selected "yes", please address the following:*

---

DESCRIBE HOW THIS PROJECT WILL DIFFER FROM AND BUILD ON THE PREVIOUS EFFORTS

---

PROVIDE A SUMMARY (3 TO 5 SENTENCES) OF THE OUTCOMES OF THE PREVIOUS EFFORTS

---

PROVIDE LESSONS LEARNED ON POTENTIAL PROJECT IMPROVEMENTS

**What was previously learned from implementing this project, including potential improvements?**

**How are the lessons learned and improvements being incorporated into the project to make the ongoing project more effective and successful at meeting goals and outcomes?**

---

DESCRIBE THE LIKELIHOOD OF THE PROJECT BECOMING SELF-SUSTAINING AND NOT INDEFINITELY DEPENDENT ON GRANT FUNDS

## OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS

The SCBGP will not fund duplicative projects. Did you submit this project 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 YOUR PROJECT IS RECEIVING OR WILL POTENTIALLY RECEIVE FUNDS FROM ANOTHER FEDERAL OR STATE GRANT PROGRAM

**Identify the Federal or State grant program(s).**

**Describe how the SCBGP project differs from or supplements the other grant program(s) efforts.**

## EXTERNAL PROJECT SUPPORT

*Describe the specialty crop stakeholders who support this project and why (other than the applicant and organizations involved in the project).*





Outcome	Indicator	Indicator Description	Value

**MISCELLANEOUS OUTCOME MEASURE**

*In the unlikely event that the outcomes and indicators above the selected outcomes are not relevant to your project, you must develop a project-specific outcome(s) and indicator(s) which will be subject to approval by AMS.*

**DATA COLLECTION TO REPORT ON OUTCOMES AND INDICATORS**

*Explain how you will collect the required data to report on the outcome and indicator in the space below.*

## BUDGET NARRATIVE

*All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP. Applicants should review the Application Guidelines Appendix A section 4.7.2 Allowable and Unallowable Costs and Activities prior to developing their budget narrative.*

## BUDGET SUMMARY

<b>Expense Category</b>	<b>Funds Requested</b>
<b>Personnel</b>	
<b>Fringe Benefits</b>	
<b>Travel</b>	
<b>Equipment</b>	
<b>Supplies</b>	
<b>Contractual</b>	
<b>Other</b>	
<b>Direct Costs Sub-Total</b>	
<b>Total Budget</b>	

## PERSONNEL

List the organization's employees whose time and effort can be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities for further guidance. Fill personnel information in space below as needed.

#	Personnel Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**Personnel Subtotal:**

---

## PERSONNEL JUSTIFICATION

*For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel by copying and pasting the existing listing or deleting personnel that aren't necessary.*

**Example:** Personnel 1: Description and justification  
Personnel 2: Description and justification

**FRINGE BENEFITS**

*Provide the fringe benefit rates for each of the project's salaried employees described in the Personnel section that will be paid with SCBGP funds.*

#	Fringe Benefits Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**Fringe Subtotal:**

**TRAVEL**

*Explain the purpose for each Trip Request. Please note that travel costs are limited. In the case of air travel, project participants must use the lowest reasonable commercial airfares. Travel expenses must comply with the State of Idaho travel regulations found at [www.sco.idaho.gov](http://www.sco.idaho.gov).*

#	Trip Destination	Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)	Unit of Measure (days, nights, miles)	# of Units	Cost per Unit	# of Travelers Claiming the Expense	Funds Requested
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

**Travel Subtotal:**

---

## TRAVEL JUSTIFICATION

For each trip listed in the above table, describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren't necessary.

**Example:** Trip 1: (Approximate Date of Travel MM/YYYY), Justification

Trip 2: (Approximate Date of Travel MM/YYYY), Justification

---

## CONFORMING WITH YOUR TRAVEL POLICY

By checking the box to the right, I confirm that my organization will adhere to the State of Idaho travel regulations at [www.sco.idaho.gov](http://www.sco.idaho.gov).

## 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. See the Application Guidelines Appendix A section 4.7.2 Allowable and Unallowable Costs and Activities, Equipment - Special Purpose for further guidance.

Rental of "general purpose equipment" must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. See Application Guidelines Appendix A section 4.7.2 Allowable and Unallowable Costs and Activities, Equipment - General Purpose for definition, and Rental or Lease Costs of Buildings, Vehicles, Land and Equipment.

#	Equipment Item Description	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				

**Equipment Subtotal:**



---

## EQUIPMENT JUSTIFICATION

*For each Equipment item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn't necessary.*

**Example:** Equipment 1: Description and justification  
Equipment 2: Description and justification

## SUPPLIES

List the materials, supplies, and fabricated parts costing less than \$5,000 per unit and describe how they will support the purpose and goal of the proposal and enhance the competitiveness of specialty crops. See Application Guidelines Appendix A section 4.7.2 Allowable and Unallowable Costs and Activities, Supplies and Materials, Including Costs of Computing Devices for further information.

#	Supplies Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquire Date?	Funds Requested
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Supplies Subtotal:**

---

## SUPPLIES JUSTIFICATION

*Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s).*

**Example:** Supply 1: Description and justification

Supply 2: Description and justification

**CONTRACTUAL/CONSULTANT**

*Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)*

**ITEMIZED CONTRACTOR(S)/CONSULTANT(S)**

*Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed. For pass-through entities, provide an itemized budget (personnel, fringe, travel, equipment, supplies, other, etc.) with appropriate justification.*

#	Contractual Name/Organization	Hourly Rate/Flat Rate	Funds Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

**Contractual/Consultant Subtotal:**

---

## CONTRACTUAL JUSTIFICATION

*Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See Application Guidelines Appendix A section 4.7.2 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications. Contracts must also conform to State of Idaho procurement standards. That information can be found at <https://purchasing.idaho.gov/>*

**Example:** Contractual 1: Description and justification  
Contractual 2: Description and justification

---

## CONFORMING WITH YOUR PROCUREMENT STANDARDS

By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in [2 CFR Part 200.317 through.326](#), as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements. See Idaho specific procurement standards at <https://purchasing.idaho.gov/>

**OTHER**

*Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.*

*If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Meals for further guidance.*

#	Other Item Description	Per-Unit Cost	Number of Units	Acquire Date?	Funds Requested
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

**Other Subtotal:**

---

## OTHER JUSTIFICATION

*Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project's objective(s) and outcome(s).*

**Example:** Other 1: Description and justification

Other 2: Description and justification

## PASS - THROUGH ENTITY DESIGNATION

By checking the box to the right, I confirm that my organization will be acting as a pass-through entity as defined by 2 CFR Part 200.74 . If you need assistance in determining if your entity will be acting as a pass-through entity and whether you will have a Subrecipient or a Contractor for your project please review this checklist for guidance: <https://osp.finance.harvard.edu/subrecipient-vs-contractor-guidance>

## 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 into the project to enhance the competitiveness of specialty crops	Estimated Income

**Program Income Total:**