

RFA# 202002037 SPECIALTY CROP BLOCK GRANT APPLICATION COVER PAGE

Applicant's Organization Name:	Click or tap here to enter text.		
Name of Proposal	Click or tap here to enter text.		
Chief Executive - Name/Title:	Click or tap here to enter text.		
Tel:	Click or tap here to enter text.	E-mail:	Click or tap here to enter text.
Headquarters Street Address:	Click or tap here to enter text.		
Headquarters City/State/Zip:	Click or tap here to enter text.		
<i>(Provide information requested below if different from above)</i>			
Lead Point of Contact for Application - Name/Title:	Click or tap here to enter text.		
Tel:	Click or tap here to enter text.	E-mail:	Click or tap here to enter text.
Headquarters Street Address:	Click or tap here to enter text.		
Headquarters City/State/Zip:	Click or tap here to enter text.		
Dollar Amount of Proposal:	Click or tap here to enter text.		

- This application and the pricing structure contained herein will remain firm for a period of 180 days from the date and time of the bid opening.
- No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Applicant's application.
- No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to submit an application.
- The above-named organization is the legal entity entering into the resulting agreement with the Department should they be awarded the contract.
- The undersigned is authorized to enter contractual obligations on behalf of the above-named organization.

To the best of my knowledge, all information provided in the enclosed application, both programmatic and financial, is complete and accurate at the time of submission.

Name (Print): Click or tap here to enter text.	Title: Click or tap here to enter text.
Authorized Signature:	Date: Click or tap to enter a date.

RFA# 202002037
SPECIALTY CROP BLOCK GRANT
DEBARMENT, PERFORMANCE AND NON-COLLUSION
CERTIFICATION

Applicant's Organization Name:	Click or tap here to enter text.
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By signing this document, I certify to the best of my knowledge and belief that the aforementioned organization, its principals and any subcontractors named in this application:

- a. *Are not presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from bidding or working on contracts issued by any governmental agency.*
- b. *Have not within three years of submitting the application for this contract been convicted of or had a civil judgment rendered against them for:*
 - i. *Fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a federal, state or local government transaction or contract.*
 - ii. *Violating Federal or State antitrust statutes or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;*
 - iii. *Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or Local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and*
 - iv. *Have not within a three (3) year period preceding this application had one or more federal, state or local government transactions terminated for cause or default.*
- c. *Have not entered into a prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and this application is in all respects fair and without collusion or fraud. The above-mentioned entities understand and agree that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards.*

Failure to provide this certification may result in the disqualification of the Applicant's application, at the discretion of the Department.

Name (Print): Click or tap here to enter text.	Title: Click or tap here to enter text.
Authorized Signature:	Date: Click or tap to enter a date.

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SPECIALTY CROP BLOCK GRANT
LITIGATION FORM

List all current litigation in which the Applicant is named and a list of all closed cases that have closed within the past five (5) years in which Applicant paid the claimant either as part of a settlement or by decree. For each, list the entity bringing suit, the complaint, the accusation, amount, and outcome. If there is no relevant litigation, write "No litigation."

Click or tap here to enter text.

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SPECIALTY CROP BLOCK GRANT

SPECIAL PRIORITY AREAS

The Commissioner of the DACF has established priorities for the coming year. Applications that incorporate one or more of the priorities below will be considered more favorably in the evaluation process.

They are:

1. Any application from the previous year which was for a multiple year term and was only funded for the first year of the project. For those projects that fit under this category, they must submit a new proposal and show progress from the first year's funding in the work plan section of the proposal.
2. Enhance food safety education, primarily in relation to FDA rules regarding improved handling and processing of specialty crops.
3. Enhance integrated pest management and/or organic pest management research for programs for specialty crops.
4. Projects that market Maine specialty crops to diversified and expanded markets, or that research potential market expansion efforts and strategies. Examples include but are not limited to increasing sales to schools, institutions, and other target markets that are new or have potential for growth in sales of Maine agricultural products.
5. Improve adaptation and increase resilience to climate-related crop disturbances in support of long-term farm business vitality and productivity, such as through projects that address specialty crop's ability to mitigate and/or adapt to climate change, conserve agricultural land and water, detect and manage emerging pests and diseases, or implementation of practices that sequester carbon, reduce atmospheric greenhouse gases, and/or improve soil health.

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SPECIALTY CROP BLOCK GRANT

PROJECT PROFILE TEMPLATE

The State Plan should include a series of project profiles that detail the necessary information to fulfill the goals and objectives of each project. The acceptable font size for the narrative is 11 or 12 pitch with all margins at 1 inch. The following information must be included in each project profile.

PROJECT TITLE

Provide a descriptive project title in 15 words or less in the space below.

DURATION OF PROJECT

Start Date:

Start Date

End 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. A concise outline the project's outcome(s), and*
- 3. A description of the general tasks 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

Add more objectives by copying and pasting the existing listing or delete objectives that aren't necessary.

Objective 1

Objective 2

Objective 3

Objective 4

Add other objectives as necessary

PROJECT BENEFICIARIES

Estimate the number of project beneficiaries:.....Enter the Number of Beneficiaries

Does this project directly benefit socially disadvantaged 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.

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).

EXPECTED MEASURABLE OUTCOMES

SELECT THE APPROPRIATE OUTCOME(S) AND INDICATOR(S)/SUB-INDICATOR(S)

You must choose at least one of the eight outcomes listed in the [SCBGP Performance Measures](#), which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the SCBGP on a national level.

OUTCOME MEASURE(S)

Select the outcome measure(s) that are applicable for this project from the listing below.

- Outcome 1:** Enhance the competitiveness of specialty crops through increased sales (required for marketing projects)
- Outcome 2:** Enhance the competitiveness of specialty crops through increased consumption
- Outcome 3:** Enhance the competitiveness of specialty crops through increased access
- Outcome 4:** Enhance the competitiveness of specialty crops through greater capacity of sustainable practices of specialty crop production resulting in increased yield, reduced inputs, increased efficiency, increased economic return, and/or conservation of resources
- Outcome 5:** Enhance the competitiveness of specialty crops through more sustainable, diverse, and resilient specialty crop systems
- Outcome 6:** Enhance the competitiveness of specialty crops through increasing the number of viable technologies to improve food safety
- Outcome 7:** Enhance the competitiveness of specialty crops through increased understanding of the ecology of threats to food safety from microbial and chemical sources
- Outcome 8:** Enhance the competitiveness of specialty crops through enhancing or improving the economy as a result of specialty crop development

OUTCOME INDICATOR(S)

Provide at least one indicator listed in the [SCBGP Performance Measures](#) and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

FOR EXAMPLE:

Outcome 2, Indicator 1.a.

Of the 150 total number of children and youth reached, 132 will gain knowledge about eating more specialty crops.

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. If any matching funds will be used and a description of their use is required by the State department of agriculture, the expenses to be covered with matching funds must be described separately. Applicants should review the Request for Applications section 4.7 Funding Restrictions prior to developing their budget narrative.

Budget Summary	
Expense Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual	
Other	
Direct Costs Subtotal	
Indirect Costs	Not allowed.

Total Budget	
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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, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.7.1 for further guidance.

#	Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1			
2			
3			
4			

Personnel Subtotal	
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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.

Personnel 1:

Personnel 2:

Personnel 3:

Add other Personnel as necessary

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.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
4			

Fringe Subtotal	
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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 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>. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Travel, and Foreign Travel for further guidance.

#	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							

Travel Subtotal	
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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.

Trip 1 (Approximate Date of Travel MM/YYYY):

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

Trip 3(Approximate Date of Travel MM/YYYY):

Add other Trips as necessary

CONFORMING WITH YOUR TRAVEL POLICY

By checking the box to the right, I confirm 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. See the Request for Applications 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 Request for Applications 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.

#	Item Description	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
4				

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.

Equipment 1:

Equipment 2:

Equipment 3:

Add other Equipment as necessary

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 Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Supplies and Materials, Including Costs of Computing Devices for further information.

Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquire When?	Funds Requested

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).

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. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

#	Name/Organization	Hourly Rate/Flat Rate	Funds Requested
1			
2			
3			
4			

Contractual/Consultant Subtotal	
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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 Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.

Contractor/Consultant 1:

Contractor/Consultant 2:

Contractor/Consultant 3:

Add other Contractors/Consultants as necessary

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.

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.

Item Description	Per-Unit Cost	Number of Units	Acquire When?	Funds Requested

Other Subtotal	
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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).

INDIRECT COSTS – NOT ALLOWED

The indirect cost rate must not exceed 8 percent of any project's budget. 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. See Request for Applications section 4.7.1 Limit on Administrative Costs and Presenting Direct and Indirect Costs Consistently for further guidance.

Indirect Cost Rate	Funds Requested
	0.00

Indirect Subtotal	0.00
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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	
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