



**Oklahoma Department of Agriculture, Food, & Forestry
Request for Proposals
Specialty Crop Grant Program Application**

1. Proposals must be typed, single spaced in 12 pt font.
2. Application packets should not exceed 15 pages including supplemental documentation.
3. An electronic version of the application packet in MS Word format must be submitted to the email address listed in the contact information.
4. Submit FIVE completed original application packets signed by the person authorized to receive funds and mail to Oklahoma Department of Agriculture, Food, & Forestry at the address below.
5. Do not bind the application packet. The application packet should be stapled or paper clipped in the upper left-hand corner.

Submission of Application

1. An electronic grant application must be emailed to jason.harvey@ag.ok.gov before **5 pm Friday March 2, 2018**. Applications must be received by the grant deadline. Applications that do not adhere to this deadline will not be accepted.
2. Five signed, printed copies of the application must be at the Oklahoma Department of Agriculture, Food, & Forestry at the address below before **5 pm Friday March 2, 2018**.

Contact Information

Jason Harvey
Project Coordinator
Oklahoma Dept. of Ag, Food, & Forestry
Office: (405) 606-1477
Fax: (405) 522-4855
Email: jason.harvey@ag.ok.gov

Jamey Allen
Director, Market Development Services
Oklahoma Dept. of Ag., Food, & Forestry
Office: (405) 522-4676
Fax: (405) 522-4855
Email: jamey.allen@ag.ok.gov

Signed hard copies must be mailed to:

**Oklahoma Dept. of Ag, Food, & Forestry
Attn: Jason Harvey
P.O. Box 528804
Oklahoma City, OK 73152**

**Oklahoma Dept. of Ag, Food, & Forestry
Attn: Jason Harvey
2800 N. Lincoln Blvd.
Oklahoma City, OK 73105**

GENERAL INSTRUCTIONS

- ◆ Application form must be completed in its entirety and required documentation attached.
- ◆ Incomplete applications will not be reviewed.
- ◆ The project profile should include the project details and necessary information to fulfill the goals and objectives of the project. Please delete guidance items from the finished project profile. Submit only your information and answers to these questions under each heading.

APPLICANT INFORMATION

1. NAME OF APPLICANT _____
2. MAILING ADDRESS _____
3. CITY/ZIP _____
4. FEDERAL TAX ID NUMBER _____
5. DUNS NUMBER _____

PRIMARY GRANT CONTACT INFORMATION

1. FULL NAME _____
2. MAILING ADDRESS _____
3. CITY/ZIP _____
4. PHONE _____ FAX # _____
5. E-MAIL ADDRESS _____

PROJECT INFORMATION

1. PROJECT NAME/TITLE (15 WORD LIMIT) _____
2. PROJECT START DATE _____ PROJECT END DATE _____
3. OVERALL FUNDING REQUEST \$ _____
4. AREA OF FOCUS

_____ FOOD SAFETY	_____ EDUCATION / OUTREACH
_____ NUTRITION EDUCATION	_____ PROMOTION / MARKETING
_____ PLANT PEST AND DISEASE CONTROL	_____ CROP RESEARCH
_____ OTHER (LIST) _____	_____ INCREASED CONSUMPTION

LIST SPECIALTY CROP(S) BENEFITING FROM THIS PROJECT: _____

DOES THIS PROJECT DIRECTLY BENEFIT SOCIALLY DISADVANTAGED FARMERS? YES NO

DOES THIS PROJECT DIRECTLY BENEFIT BEGINNING FARMERS? YES NO

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 SUMMARY

Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a very brief (one paragraph) 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 Oklahoma Department of Agriculture, Food & Forestry to lead and execute the project,
2. A concise outline of 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 (This section will need to be the “nuts & bolts” of your proposal where you give the majority of information describing the problem or need and project itself)

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

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 SOLELY ENHANCING SPECIALTY CROPS

By checking the box to the right, I confirm that this project **solely** enhances the competitiveness of specialty crops in accordance with and defined by [7 U.S.C. 1621](#). Further information regarding the definition of a specialty crop can be found at www.ams.usda.gov/services/grants/scbgp.

CONTINUATION PROJECT INFORMATION

If your project is continuing the efforts of a previously funded SCBGP project, 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 (Required table format)

Budget for Project <u>(Title)</u>				
Category	SCBGP Funds	Cash Match	In-Kind Match	Total
Year 1 budget				
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Indirect Costs				
Total				
Year 2 budget				
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Indirect Costs				
Total				
Total for 2 years				
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Indirect Costs				
Total				

BUDGET NARRATIVE - All expenses described in this Budget Narrative must be associated with expenses that will be covered by the grant.

PERSONNEL

List the organization's employees whose time and effort can be specifically identified and easily and accurately traced to project activities that solely enhance the competitiveness of specialty crops

Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested

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

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>.

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

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.

Rental of "general purpose equipment" must also be described in this section. Purchase of general purpose equipment is not allowable under this grant.

Item Description	Rental or Purchase	Acquire When?	Funds Requested

Equipment Subtotal	
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• 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 solely enhance the competitiveness of specialty crops.

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

Supplies Subtotal	
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- **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 an itemized budget (personnel, fringe, travel, equipment, supplies, other, etc.) with appropriate justification. If indirect costs are/will be included in the contract, include the indirect cost rate used. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

Name/Organization	Hourly Rate/Flat Rate	Funds Requested

Contractual/Consultant Subtotal	
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- **Contractual Justification**

Describe the project activities each contractor or consultant will accomplish to meet the objectives and outcomes of the project. 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 (for more information please go to <https://www.opm.gov/>), provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses.

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](https://www.ecfr.gov/current/title-2/chapter-I/subchapter-B/part-200/subpart-3/part-200.317), 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.

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).

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 solely enhance the competitiveness of specialty crops	Estimated Income

Program Income Total	
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I certify that the information provided is true and correct to the best of my knowledge. If approved for the specialty crop grant, I agree that the organization will assume sole responsibility of any and all debts or liabilities that may be incurred from this project; and will provide the required documentation to the Oklahoma Department of Agriculture, Food, & Forestry upon request. I understand that if this proposal is funded, I will be required to sign a grant agreement and other necessary documentation containing terms and conditions upon which funds will be released.

Signature

Title

Date