

ORGANIC MARKET DEVELOPMENT GRANT PROGRAM

PROJECT NARRATIVE TEMPLATE – MARKET DEVELOPMENT AND PROMOTION AND PROCESSING CAPACITY EXPANSION PROJECTS

Thoroughly review the Organic Market Development Grants (OMDG) Program RFA before completing this required form. This form must be submitted as a PDF and attached to the application package in Grants.gov using the ‘project Narrative attachment Form”. Applicants requesting $10,000 to $100,000 for equipment-only projects must use the simplified project narrative form.

# APPLICANT INFORMATION

1. **Applicant Organization -** *Must match box 8 of the SF-424.*

Name:

Email:

Phone:

Fax:

Mailing Address:

1. **Authorized Organization Representative (AOR) -** *Must match box 21 of the SF-424.*

Name:

Email:

Phone:

Fax:

Mailing Address: ☐ Check if same as #1

1. **Project Coordinator or Director -** *This person should be a different individual than the AOR.*

Name:

Email:

Phone:

Fax:

Mailing Address: ☐ Check if same as #1

1. **Entity Types -** *Check the box which best aligns with the legal structure of your business.*

☐ For-Profit Organization (Other than Small Business)

☐ Nonprofit Entity

☐ Small Business

☐ Local Government

☐ Economic Development Authority

☐ Tribal Government

☐ Other:

1. **Organization Capacity –** *Enter the most recent annual data that applies to your current business operations.*

Number of full-time employees:

Number of part-time employees:

Bales of organic fiber:

Gallons of organic milk:

Tons of organic legumes, grains, feed:

Other organic products (please specify unit of measure):

1. **Organic Certification Status –** Per [7 C.F.R. §205](https://www.ecfr.gov/current/title-7/subtitle-B/chapter-I/subchapter-M/part-205), applicants must be certified or in transition to being certified. If selected for funding, applicants must be in the [Organic Integrity Database](https://organic.ams.usda.gov/integrity). Select all that apply.

☐ Certified Organic Producer

☐ Certified Organic Handler

☐ Transitioning to Organic Producer

☐ Transitioning to Organic Handler

☐ Not applicable (for nonprofit and or government entities)

# PROJECT INFORMATION

1. **Project Title -** *Must match box 15 of the SF-424.*
2. **Priority Pinpointed Market Needs –** *Select the applicable Pinpointed Market Need as described in section 1.4.6 in the RFA. Projects which do not address these categories should explain the market needs or gaps it will fill.*

☐ Organic grains and livestock feed

☐ Organic dairy

☐ Organic fibers

☐ Organic legumes and other rotational crops

☐ Organic ingredients currently unavailable in commercial form

☐ Other market needs Please explain:

1. **Requested Funds** *- Insert the total amount of Federal funds requested. This must match the amount requested on Line 18a of the SF-424.*

$

1. **Matching Funds –** *Enter the cash, in-kind, and total match contribution included with the application. Applicants must provide a 50% match of the total Federal portion of the grant or a reduced rate. The total amount must match the amount on Line 18b of the SF-424. See Section 4.1 of the RFA for more information.*

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[ ]  *I request a reduced match of 25% of the total federal portion of the grant. I certify I am a small and underserved business owner as described in section 4.1 of the RFA. Select the applicable category below.*

**Historically Underserved Farmers and Ranchers**

☐ Limited Resource Farmer and Rancher: [Self-Determination Tool](https://lrftool.sc.egov.usda.gov/DeterminationTool.aspx?fyYear=2023)

☐ Beginning Farm or Rancher

☐ Socially Disadvantage Farmer or Rancher

☐ Veteran Owned Farmer or Rancher

**SBA Designations for Non-farm businesses**

☐ SBA Small Disadvantaged Business

☐ SBA Veteran-Owned Small Business

☐ SBA Women-Owned Small Business

1. **NEPA regulations–** *Does the project have an actual or potential impact - positive or negative on the environment based on the regulatory compliance requirements of the National Environmental Protection Act (NEPA? See Section 1.9 in the RFA for assistance with this requirement.*

☐ Yes ☐ No

If yes, please explain:

1. **TOPP Coordination –** *Coordination with the Transition to Organic Partnership Program (TOPP) is encouraged but not required. See* [*https://www.ams.usda.gov/services/organic-certification/topp*](https://www.ams.usda.gov/services/organic-certification/topp) *for more information. The six regions of the TOPP network can provide key insights into the regional processing infrastructure needed to create new markets for organic products produced in those same regions.*

This project was developed in coordination with the USDA’s Transition to Organic Partnership Program (TOPP).

☐ Yes ☐ No

# EXECUTIVE SUMMARY

In 250 words or less, briefly describe the project’s intended goal(s) with a description of how the goal(s) will be completed during the project period. This summary will be made available to the public.

# ALIGNMENT AND INTENT

Describe the specific issues or need and how the project will support the creation of new and improved markets for domestically produced organic products, specifically by investing in certified organic processing capacity, market access, and product development. Include data and/or estimates that describe the extent of the issue and justify the project’s objectives and approach. Address the following points in this section:

* List the objectives for this project, relating them directly to the issues mentioned above. Add objectives as needed:

Objective 1:

Objective 2:

Objective 3:

* Describe the goals, why they are significant and how they improve marketing opportunities in the organic.

## PROJECT BENEFICIARIES

Who are the intended beneficiaries of this project and how many are there? How does the project benefit organic producer? Are there plans to engage project beneficiaries as active participants in project activities? Please note that among other beneficiaries, projects are encouraged to engage [historically underserved producers](https://www.nrcs.usda.gov/getting-assistance/underserved-farmers-ranchers).

# TECHNICAL MERIT

## WORK PLAN

Describe the activities planned in order to achieve each Objective listed in the Alignment and Intent section above. Include the information requested below for each planned activity.

| Objective*Include the objective this activity will be tied to* | List and describe each planned activity*Include the scope of work and how it relates to the project objectives* | Anticipated completion date | Required resources*For completion of each activity* | Milestones*For assessing progress and success of each activity* | Who will do the work?*Include collaborative arrangements or subcontractors* |
| --- | --- | --- | --- | --- | --- |
| ***Objective 1*** | *Sample Activity 1* | *October 20XX* | *Hire contractor**Training Space* | *Milestone 1: Complete XX assessment**Milestone 2: Conduct XX food safety workshops* | *ABC Best Contracting Service**XYZ Company’s Executive Director* |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Has this project been submitted to another Federal grant program, including other AMS grant programs?

☐ Yes ☐ No

If yes, provide the information below. Provide the AMS agreement number for any AMS grants received in the past 5 years. Add additional rows as needed.

|  |  |  |
| --- | --- | --- |
| Year | Funding source *Program Name, Type of Award (if applicable) and/or AMS Grant Agreement # (if applicable)* | Description |
|  |  |  |
|  |  |  |

If the applicant received previous Federal funding to support activities or projects, describe how the proposed project, if funded, would not duplicate that work. Include lessons learned, what can be improved, and how these lessons and improvements will be incorporated into this project.

# ACHIEVABILITY

## OUTCOMES AND INDICATORS

Complete all applicable project Outcomes and Indicators with baseline and/or estimated realistic target numbers. Enter the number and unit of measurement (e.g. lbs.) in the Estimated Number column. If an indicator does not apply to your project, check “Not Applicable (N/A).” Note: Your application should demonstrate how your proposed activities will achieve these outcomes.

### Outcome 1: Increased Production, Demand, and Consumption of Domestic Organic Products

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| **1.1** | **Total number of producers, buyers, and consumers who gained knowledge about organic products\_\_\_. Of those, the number that were:** |  | [ ]  |
| 1.1a | Producers |  | [ ]  |
| 1.1b | Buyers |  | [ ]  |
| 1.1c | Consumers |  | [ ]  |
| **1.2** | **Number of producers/processors who increased organic product production to meet increase demand\_\_.** |  | [ ]  |
| 1.2a | Increased sales, $\_\_, or  |  | [ ]  |
| 1.2b | Percent change in sales \_\_. |  | [ ]  |
| **1.3** | **Number of buyers that executed additional business transactions \_\_.** |  | [ ]  |
| 1.3a | Increased purchases, $\_\_, or  |  | [ ]  |
| 1.3b | Percent change in purchases \_\_. |  | [ ]  |
| 1.3c | Increased or sales, $\_\_, or  |  | [ ]  |
| 1.3d | Percent change in sales \_\_. |  | [ ]  |
| **1.4** | **Number of consumers who consumed more organic products\_\_.** |  | [ ]  |
| 1.4a | Increased purchases, $\_\_, or  |  | [ ]  |
| 1.4b | Percent change in purchases \_\_. |  | [ ]  |
| 1.4c | Increased or sales, $\_\_, or  |  | [ ]  |
| 1.4d | Percent change in sales \_\_. |  | [ ]  |

### Outcome 2: Increased Domestic Organic Production Capacity from Equipment Installation and Process Improvement

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| **2.1** | **Increased organic grains and livestock feed capacity\_\_lbs.** |  | [ ]  |
| 2.1a | Increased sales, $\_\_, or  |  | [ ]  |
| 2.1b | Percent change in sales \_\_. |  | [ ]  |
| **2.2** | **Increased organic dairy capacity \_\_CWT.** |  | [ ]  |
| 2.2a | Increased sales, $\_\_, or  |  | [ ]  |
| 2.2b | Percent change in sales \_\_. |  | [ ]  |
| **2.3** | **Increased organic fibers capacity\_\_lbs.** |  | [ ]  |
| 2.3a | Increased sales, $\_\_, or  |  | [ ]  |
| 2.3b | Percent change in sales \_\_. |  | [ ]  |
| **2.4** | **Increased organic legumes capacity\_\_lbs.** |  | [ ]  |
| 2.4a | Increased sales, $\_\_, or  |  | [ ]  |
| 2.4b | Percent change in sales \_\_. |  | [ ]  |
| **2.5** | **Increased organic ingredients capacity\_\_lbs.** |  | [ ]  |
| 2.5a | Increased sales, $\_\_, or  |  | [ ]  |
| 2.5b | Percent change in sales \_\_. |  | [ ]  |
| **2.6** | **Increased other organic product capacity/rotational crops\_\_lbs. (List here \_\_\_\_\_\_\_\_\_\_\_).** |  | [ ]  |
| 2.6a | Increased sales, $\_\_, or  |  | [ ]  |
| 2.6b | Percent change in sales \_\_. |  | [ ]  |

### Outcome 3: Increases in Domestic Organic Product Capacity from Improved Transportation, Aggregation, Processing and Storage

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| **3.1**  | **Transportation Efficiencies, \_\_\_\_\_\_\_\_reduced vehicle miles traveled.** |  | [ ]  |
| **3.2** | **Increase in Transportation:** |  | [ ]  |
| 3.2a | Increased volume \_\_ (lbs. CWT, etc.), or  |  | [ ]  |
| 3.2b | Percent change \_\_. |  | [ ]  |
| **3.3** | **Increase in aggregation:** |  | [ ]  |
| 3.3a | Increased volume \_\_ (lbs. CWT, etc.), or  |  | [ ]  |
| 3.3b | Percent change \_\_. |  | [ ]  |
| **3.4** | **Increase in processing:** |  | [ ]  |
| 3.4a | Increased volume \_\_ (lbs. CWT, etc.), or  |  | [ ]  |
| 3.4b | Percent change \_\_. |  | [ ]  |
| **3.5** | **Increase in storage:** |  | [ ]  |
| 3.5a | Increased volume \_\_ (lbs. CWT, etc.), or  |  | [ ]  |
| 3.5b | Percent change \_\_. |  | [ ]  |

### Outcome 4: Develop Market Access and Increase Capacity of Domestic Organic Products

| Indicator | Description | Estimated number | N/A |
| --- | --- | --- | --- |
| **4.1** | **Number of stakeholders that adopted best practices or new technologies to improve distribution systems.** |  | [ ]  |
| **4.2** | **Total number of partnerships established between producers, distributors, and/or other relevant intermediaries related to distribution systems \_\_.** |  | [ ]  |
| 4.2a | Of those established, number formalized with written agreements (i.e. MOU’s, signed contracts, etc.) |  | [ ]  |
| 4.2b  | Of those established, number of partnerships with underserved organizations  |  | [ ]  |
| **4.3** | **Total number of new/improved distribution systems developed\_\_. Of those, the number that:** |  | [ ]  |
| 4.3a | Stemmed from new partnerships |  | [ ]  |
| 4.3b | Increased efficiency |  | [ ]  |
| 4.3c | Reduced costs  |  | [ ]  |
| 4.3d | Increased organic crop grower participation |  | [ ]  |
| 4.3e | Expanded customer reach |  | [ ]  |
| 4.3f | Increased online presence |  | [ ]  |
| **4.4** | **Number of domestic organic product-related jobs\_. Of those, the number that were:** |  | [ ]  |
| 4.4a | Created |  | [ ]  |
| 4.4b | Maintained |  | [ ]  |
| **4.5** | **Total number of new individuals who transitioned to domestic organic product production as a result of project activities\_. Of those, the number who are:** |  | [ ]  |
| 4.5a | Beginning farmers or ranchers |  | [ ]  |
| 4.5b | Socially disadvantaged farmers or ranchers |  | [ ]  |
| 4.5c | Veteran farmers or ranchers |  | [ ]  |
| 4.5d | Limited Resource farmers or ranchers |  | [ ]  |

## OUTCOME INDICATOR MEASUREMENT PLAN

For each selected indicator above, describe how you derived the numbers, how and when you intend to evaluate your progress, and any potential challenges to achieving the estimated targets and action steps for addressing them. Add more rows as needed.

| Outcome and indicator # *i.e., 3.i., 6.a., 6.b* | How did you derive the estimated numbers?*i.e., documented background or baseline information, recent research and data, etc.*  | How and when do you intend to evaluate?*i.e., surveys, 3rd party assessment* | Anticipated key factors predicted to contribute to and restrict outcome*Including action steps for addressing identified restricting factors* |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

## DISSEMINATION OF PROJECT RESULTS

Describe how you plan to share the project’s results (positive and negative) and with whom.

## SUSTAINABILITY

Describe how the project, partnerships and collaborations established through the project will be sustained beyond the project’s period of performance.

# EXPERTISE AND PARTNERS

## KEY STAFF (APPLICANT PERSONNEL AND EXTERNAL PARTNER/COLLABORATORS)

List key staff, including applicant personnel and external project partners and collaborators (see section 3.2 in the RFA for definitions) that comprise the Project Team, their role, their relevant experience, and past successes in developing and operating projects similar to those to be conducted under this project. Applicant must include Letters of Support from Partner and Collaborator Organizations to support the information (see section 5.2.7 in the RFA).

|  |  |  |
| --- | --- | --- |
| Key staff*Name and title* | Role | Relevant experience and past successes |
|  |  |  |
|  |  |  |
|  |  |  |

## PROJECT MANAGEMENT PLAN

Describe your management plan for coordination, communication, and data sharing and reporting among members of the Project Team and stakeholder groups, including both internal applicant personnel and external partners and collaborators.

# FISCAL PLAN AND RESOURCES

## BUDGET AND JUSTIFICATION NARRATIVE

All applicants must complete the project budget information below. Please add (or remove) rows in tables and related justification lines as needed. Applicants should ensure the amounts listed in the Budget Summary table align with the amounts entered on the SF-424 A Budget Information Non – Construction Programs Form.

The budget must show the total cost for the project and describe how category costs listed in the budget are derived. The budget justification must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes. The budget must show a relationship between work planned and performed to the costs incurred. Add additional rows to a table as needed.

## BUDGET SUMMARY

| Expense category | Federal funds | Cost share or match applicant and 3rd parties |
| --- | --- | --- |
| Personnel |  |  |
| Fringe benefits |  |  |
| Travel |  |  |
| Equipment |  |  |
| Supplies |  |  |
| Contractual/subawards |  |  |
| Other (specify) |  |  |
| Direct costs subtotal |  |  |
| Indirect costs |  |  |
| Total budget *(direct + indirect)* |  |  |

## PERSONNEL

List employees whose time and effort can be specifically identified and easily and accurately traced to project activities. Personnel costs should be reasonable for the services rendered, conform to the established written policy of your organization, and consistently applied to both Federal and non-Federal activities. Please refer to the [Bureau of Labor Statistics](https://www.bls.gov/oes/current/oes_stru.htm) to ensure reasonableness of wage information.

| Name, title | Justification for requesting funds | Level of effort*(# of hours OR % FTE)* | Annual salary requested | Total funds requested | Match value | Match type |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ | $ | Cash [ ] In Kind [ ]  |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ | $ | Cash [ ] In-Kind [ ]  |

**Personnel total funds requested subtotal: $**

**Personnel match value subtotal: $**

## FRINGE BENEFITS

Provide the fringe benefit rates for each of the personnel listed above. The costs of fringe benefits should be reasonable and in line with established policies of your organization.

| Name, title | Fringe benefit rate | Funds requested | Match value | Match type |
| --- | --- | --- | --- | --- |
|  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  | $ | $ | Cash [ ] In-Kind [ ]  |

**Fringe benefits funds requested subtotal: $**

**Fringe benefits match value subtotal: $**

## TRAVEL

List all Travel-related expenses for trips planned for the Applicant. 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 Regulations, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at <https://www.gsa.gov/>.

| Trip details*(destination, timing, justification)* | Expense type *(airfare, car rental, etc.)* | Unit of measure *(days, miles, etc.)* | # of units | Cost/unit | # of travelers | Funds requested | Match value | Match type |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |

**Travel funds requested subtotal: $**

**Travel match value subtotal: $**

☐ By checking this box, I affirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.475](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-E/subject-group-ECFRed1f39f9b3d4e72/section-200.475) or [48 CFR subpart 31.2](https://www.ecfr.gov/current/title-48/chapter-1/subchapter-E/part-31/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 and funds justification | Rental or purchase? | Date acquired? | Funds requested | Match value | Match type |
| --- | --- | --- | --- | --- | --- | --- |
| **1** |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **2** |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| **3** |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |

**Equipment funds requested subtotal: $**

**Equipment match value subtotal: $**

## 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.

| Description and funds justification | Cost/unit | # of units | Date acquired? | Funds requested | Match value | Match type |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |

**Supplies funds requested subtotal: $**

**Supplies match value subtotal: $**

## CONTRACTUAL

The Contractual section includes contractual, consultant, and subaward agreements that are part of the completion of the project. A subaward is an award provided by the non –federal entity (you) to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity (you). Contractual/consultant costs are expenses associated with purchasing goods and/or procuring services (Personnel, Fringe, Travel, Supplies, etc.) performed by an individual or organization other than the applicant in the form of a procurement relationship. Each contract or subaward must be described separately.

| Type | Name/organization and funds justification | Hourly/flat rate | Funds requested | Match value | Match type |
| --- | --- | --- | --- | --- | --- |
| Contract [ ] Subaward [ ]  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| Contract [ ] Subaward [ ]  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
| Contract [ ] Subaward [ ]  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |

**Contractual funds requested subtotal: $**

**Contractual match value subtotal: $**

☐ By checking this box, I affirm 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 §200.317 through §200.326](https://www.ecfr.gov/current/title-2/part-200#subject-group-ECFR45ddd4419ad436d), as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that 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.

| Description and funds justification | Cost/unit | # units/pieces purchased | Date acquired? | Funds requested | Match value | Match type |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |
|  |  |  |  | $ | $ | Cash [ ] In-Kind [ ]  |

**Other funds requested subtotal: $**

**Other match value subtotal: $**

## INDIRECT

Indirect costs (also known as “facilities and administrative costs”—defined at 2 CFR §200.1) represent the expenses of doing business that are not readily identified with a particular grant, contract, or project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. For the indirect cost formula and additional information, refer to Section 4.2 of the RFA.

| Indirect cost rate requested (%) | Funds requested | Match value | Match type |
| --- | --- | --- | --- |
|  | $ | $ | Cash [ ] In-Kind [ ]  |

**Indirect funds requested subtotal: $**

**Indirect match value subtotal: $**

## 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.

| Income source | Description of how income is reinvested | Funds expected |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Program income total: $**

# EQUAL OPPORTUNITY STATEMENT

USDA is an equal opportunity provider, employer, and lender.

# PAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0503-0028. Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reading and utilizing this document to prepare an application, reviewing which items are allowable, and understanding the terms and conditions of the grant award.

**Upon completion, save this form as a PDF and attach it to the application package within Grants.gov using the "Project Narrative Attachment Form" on the application package.**