Local Food for Schools and Child care Cooperative Agreement Program (LFSCC)

**PROJECT SUMMARY FORM AND INSTRUCTIONS – NEW APPLICATION**

This form is mandatory. Thoroughly review the “Local Food for Schools and Child Care Cooperative Agreement Program” (LFSCC) Notice of Funding Opportunity (NOFO) before completing this form. Do not adjust the margins of this form. **Responses cannot exceed 10 pages including original form content** and must use 11-point font. Upon completion, this form must be converted to PDF. **The project summary must be submitted no later than April 30, 2025 in order to be considered.**

1. **Applicant Organization –** *For new applicants, must match box 8 of the SF-424.*

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Mailing Address: Click or tap here to enter text.

1. **Authorized Organization Representative (AOR) -** *This person will be the main contact for any correspondence and is responsible for signing any cooperative agreement documentation. For new applicants, must match box 21 of the SF-424.*

Name: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

Mailing Address: [ ]  Check if same as above

1. **ezFedGrants Designees –** *Cooperative Agreements will be processed and managed using the online grants management system, ezFedGrants (eFG). The eFG system requires each recipient to have at least one Grants Administrative Officer (GAO) and one Signatory Official (SO). These roles must be held by* ***two separate members of the applicant organization*** *responsible for submitting and signing agreement documentation in ezFedGrants. To access eFG, recipients must obtain a USDA Verified Identity* [*eAuthentication*](https://www.eauth.usda.gov/eauth/b/usda/home) *Account Level 2 and submit an* [*Access Request*](https://www.usda.gov/sites/default/files/documents/ezFedGrants_External_User_Onboarding_Quick_Reference.pdf#:~:text=Submit%20an%20ezFedGrants%20Access%20Request%20Launch%20the%20ezFedGrants,a%20reason%20for%20your%20request%2C%20then%20click%20Next.) *to set up their GAO and SO. It is best practice to have at least one back up in each role to keep items, such as claims or reporting, moving through the system.*

ezFedGrants designated Signatory Official (SO):

 Name: Click or tap here to enter text.

 Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

*Secondary SO (if applicable)*

Name: Click or tap here to enter text.

 Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

ezFedGrants designated Grants Administrative Officer (GAO):

Name: Click or tap here to enter text.

 Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

*Secondary GAO (if applicable)*

Name: Click or tap here to enter text.

 Email: Click or tap here to enter text.

Phone: Click or tap here to enter text.

1. **Project Title -** *For new applicants, must match box 15 of the SF-424.*

Click or tap here to enter text.

1. **Requested LFSCC Funds -** *Insert the total amount ($) of Federal funds requested. For new applicants, this must match the total amount requested on the SF-424, Line 18a.*

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| --- |
| $Click or tap here to enter text. |

# Project SUMMARY

*Include a project summary of 500 words or less. This summary should include a concise overview of how the project will accomplish the program goals listed in* ***section 1.2*** *of the LFSCC NOFO; Discuss: activities to be performed, including subawards (when applicable); producers you will purchase from and venues you will distribute food through; and any other pertinent information.* ***This summary will be made available to the public****.*

Click or tap here to enter text.

# Program Goals and Outcomes

**Goals and Outcome Indicators**

*These are the key goals of LFSCC, the associated outcome indicators are consistent with reporting requirements for this program. All applicants must establish baseline numbers and/or estimate realistic target numbers for each outcome indicator. Outcome indicators must be provided in quarterly progress reports and summarized in final performance reports.*

**Program Goal 1:** Provide an opportunity for state governments to strengthen their local and regional food system by making purchases from local farmers/producers/fishers, prioritizing purchasing from historically underserved producers/farmers/fishers and small businesses including processors, aggregators, and distributors, and providing the food to participating Child Nutrition Program operators for use in program meals.

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| --- | --- | --- |
| **Outcome Indicator** | **Description** | **Estimate** |
| **1.a.** | Total number of local producers/vendors that are expected participate in the program  | Click or tap here to enter text. |
| **1.b.** | Of the number in 1.a., the number of historically underserved producers/vendors that are expected to participate in the program | Click or tap here to enter text. |
| **1.c** | Total number of small businesses expected to participate in the program | Click or tap here to enter text. |

# Project Work Plan

**Work Plan**

Describe your planned activities for achieving Program Goals above. **With as much detail as possible** describe how your organization/subawardees will go about procuring food from producers and distributing it to the targeted groups. If your project involves subawards provide a comprehensive plan detailing how subawards will be determined and administered. A subaward is an award provided by the non-federal entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity. Subaward means an award provided by a pass-through entity to a subrecipient for the subrecipient to contribute to the goals and objectives of the project by carrying out part of a Federal award received by a pass-through entity. It does not include payments to a contractor, beneficiary, or participant. A subaward may be provided through any form of legal agreement, including an agreement the pass-through entity considers a contract. **All subaward funds may only be used for procurement of allowable foods, no indirect costs may be requested or charged for subawards.**

Click or tap here to enter text.

**Timeline**

Provide a timeline of activities and project milestones. Include timing of procurements and expected delivery periods. **Be as detailed as possible.** You can add as many rows as needed to the table below. **The ideas below are examples only, edit the table to describe your project’s specific activities.** If your project involves subawards include all important dates for administering the subawards.

|  |  |
| --- | --- |
| **Project Activity** | **Activity Date(s)** |
| *Example: identify potential producers to purchase from* | *Month, Year* |
| *Example: identify distribution outlets to provide food to schools and child care institutions* | *Month, Year* |
| *Example: conduct outreach to identified producers and gauge interest and ability to provide product for purchase* | *Month – Month, Year* |
| *Example: plan how food will be transported from producers to schools and child care institutions* | *Month, Year* |
| *Example: establish purchasing relationship with identified producers, complete all necessary paperwork and other business processes* | *Month – Month, Year* |
| *Example: make purchase from ABC farm, DEF farm, and GHI farm* | *Month – Month, Year* |
| *Etc.* |  |
| *Etc.* |  |
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| ***Add as many rows to this table as you need*** |  |

# Budget

*The budget must show 1) the amount of school food funds, 2) amount of child care institution funds, and 3) the total award amount requested for the project. This must match the total amount requested on the SF-424, Line 18a, and SF-424A, Line 6.f.* ***Do not add lines to the table below****. Refer to* ***NOFO Section 4.6*** *for more information on allowable and unallowable expenses. Allocation tables can be found in* ***Section 2.6*** *of the LFSCC NOFO. The Project Summary (above) must provide enough information for AMS staff to understand how the budget relates to your project.*

**Budget Summary**

|  |  |
| --- | --- |
|  | **Federal Funds** |
| **School Food Budget** | *Enter total award amount of school food purchasing funds requested.*Click or tap here to enter text. |
| **Child Care Institutions Budget** | *Enter total award amount of child care institution purchasing funds requested.*Click or tap here to enter text. |
| **Total Budget** *(Funds used for procurement of allowable foods)* | *Enter total award amount requested.*Click or tap here to enter text. |

[ ]  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 §200.32](https://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1#se2.1.200_1317)7, as applicable. If subawardee(s) is/are not already selected, I affirm that my organization will follow the same requirements.

# Program Requirement Acknowledgements

**Reporting requirements (progress, financial, and performance)**

[ ] By checking this box, I affirm that my organization understands the program reporting requirements described in section 6.3 of the LFSCC NOFO. I also affirm that my organization understands that claims for payment will not be processed if any report is overdue.

**Financial Controls**

[ ] By checking this box, I affirm that my organization has systems in place to provide adequate financial controls to monitor financial awards and subaward(s) and will ensure that funding is being used for the stated program objective.

**Risk and Fraud Mitigation**

[ ] By checking this box, I affirm that my organization has necessary systems and controls in place to reduce the possibility of fraud with procurement partners and those involved in distribution of the purchased food.

**Terms and Conditions**

[ ] By checking this box, I affirm that my organization understands that all aspects of this project are subject to [AMS Terms and Conditions](https://www.ams.usda.gov/sites/default/files/media/September_October_2024_AMS_General_Terms_and_Conditions.pdf).

# USDA’S Equal Opportunity STATEMENT

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

# Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995 ([44 U.S.C. 3501](https://www.govinfo.gov/content/pkg/BILLS-104s244enr/pdf/BILLS-104s244enr.pdf)), an agency may not conduct or sponsor, and a person is not 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 0581-0330.The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.