USDA REGIONAL FOOD Business CenterS PROGRAM

PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is **mandatory**. Thoroughly review the Regional Food Business Center Request for Applications (RFA) before completing this form. 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.

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

Name:

Email:

Phone:

Fax:

Mailing Address:

1. **Authorized Organization Representative (AOR)** – *This person will be the main contact for any correspondence and is responsible for signing any documentation should the cooperative agreement be awarded. 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.* *This is a member of the organization that is dedicated to managing and executing key objectives of the proposed business center.*

Name:

Email:

Phone:

Fax:

Mailing Address:  Check if same as #1.

1. **Lead Entity Type –** Identify the lead partner on your application.

Producer Network or Association

Food Council

☐ Tribal Government

☐ State Agency or Regional Authority

☐ Institution of Higher Education

☐ Nonprofit Corporation

☐ Economic Development Corporation

☐ Other (please specify)

1. **Key Partner Entity(ies)** – *Identify the key partners on your application. Note: Applicants must provide letters of commitment (not letters of support) from all project partners at the time of application.*

Producer Network or Association

Food Council

☐ Tribal Government

☐ State Agency or Regional Authority

☐ Institution of Higher Education

☐ Nonprofit Corporation

☐ Economic Development Corporation

☐ Other (please specify)

1. **Geographic Region and Priority Area(s) –** *List the states and priority area(s) that your proposed region is supporting (include any partial states).*
2. **Does the Geographic Region include:**

☐ [Colonias](https://files.hudexchange.info/resources/documents/Colonia-Community-Map.pdf) (counties on the US/Mexico border)

☐ High need/limited resources areas of the Delta and the Southeast, including areas where there is persistent poverty

☐ High need areas of Appalachia

☐ [Indian Country](https://biamaps.doi.gov/bogs/staticmaps.html) (While this Center may employ some place-based strategies, its network will focus on Indian Country nationally)

1. **Project Title** – *Project title should be Regional Food Business Center with the region or state names. Must match Box 15 of the SF-424.*
2. **Requested Regional Food Centers Funds** – *Insert the total amount ($) of Federal funds requested. The amount must be between $15M to $50M and must match the amount requested on Line 18a of the SF-424.*

$

# EXECUTIVE SUMMARY

In 250 words or less, briefly describe the project’s purpose and goals; activities to be performed, including subawards (when applicable); established partnerships and outreach activities; deliverables and expected outcomes; intended beneficiaries; and any other pertinent information. This summary should be the same as the one provided on the Project Abstract Summary form and will be made available to the public.

# GEOGRAPHIC FOCUS

*Describe the proposed geographic region and priority area(s), why it is the most appropriate place and boundary for a Regional Food Center, the impact that the region would experience due to the geographic focus, and justification for the priority areas and their potential market connections within the region.*

* *Describe the lead applicant and any key partners’ history, including prior collaborative efforts, commitment, and track record working in the identified region. Explain why the lead entity and key partners are well-equipped to serve this region.*
* Describe the region’s assets, including physical infrastructure, existing technical assistance resources, existing markets, and organizations that can support these efforts, and how the Regional Food Center will leverage existing assets and develop new assets to support the region’s food systems.
* *Using data, identify and describe the degree of historic distress experienced in the project region, in particular the priority high needs areas within the region, including the economic impact of the coronavirus pandemic.*

# ALIGNMENT AND INTENT

Provide a project overview and work plan that describes how the proposed Regional Food Center will:

* Meet the goals, activities, and requirements outlined in the RFA.
* Serve as a cornerstone in the development of the local and regional supply chains, including coordination, technical assistance, and capacity building support to small and mid-sized food and farm businesses, with the goal of creating a more resilient, diverse, and competitive food system.
* Address the following points:
  + *Past history successfully working with producers and partners in the region.*
  + Plans for coordination, communication, data sharing, and reporting across the region, with other Regional Food Centers, USDA, and other stakeholder groups.
  + History of collaboration and engagement among partners to ensure high levels of participation or provides a clear and concise plan for how such engagement will occur.

# SUSTAINABILITY

Describes how the work, including that of the key partnerships and collaborators, will be sustained beyond the agreement’s period of performance (without federal funds) and/or how the project will lay the foundation for future resilience in the region after the project ends.

* Address the following points:
  + Plans for leveraging and building on existing organizations, assets, and efforts, and for building capacity for this work within the region for future impact.
  + Plans to collaborate with other federal, state, regional, tribal, and local initiatives that support complementary efforts, including the whole-of-government Rural Partners Network led by USDA, to provide sustained support for the region.
  + The availability and commitment of local government, philanthropy, and industry to support the growth of agricultural opportunities and markets in the proposed region.

# PARTNERS AND EXPERTISE

Your description must describe prior activities the Lead Applicant, Key Partners and Collaborators have engaged in that demonstrate their experience, expertise, and ability related to project responsibilities and goals. Successful applications will describe a substantial, effective, and diverse array of relevant partners, including organizations operated by historically underserved groups and individuals, to accomplish the agreement’s goals and objectives.

## Key Partner List

*Provide the information below for each Key Partner. A letter of commitment from each partner must be included with the application to demonstrate a commitment from experienced partners within the region to perform specific roles to achieve project goals. Add more rows as needed.*

|  |  |  |
| --- | --- | --- |
| Name | Type | Role |
| Ex. – XYZ organization | Non-profit | RFC Grant administrator |
|  |  |  |
|  |  |  |

## Key Staff (Lead Applicant and Key Partner Personnel)

*Describe your project management plan for coordination, communication, and data sharing and reporting among members of the Project Team and stakeholder groups. List Lead Applicant and Key Partner staff that comprise the Project Team, their roles, and* ***provide a one-page resume or summary of relevant experience and/or qualifications for each of the participants listed.*** *Longer resumes or summaries will be disregarded. Applicant must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 4.2.5 in the RFA). Add more rows as needed.*

|  |  |  |
| --- | --- | --- |
| Key staff*(Name and Title)* | Organization | Role |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

# DIVERSITY, EQUITY, AND INCLUSION

*Describe the lead applicant and any key partners’ past efforts and planned strategies to reach historically underserved populations, racial minorities, and women, as well as past experience which demonstrates cultural competencies to achieve such objectives within the region. Describe Lead Applicant, Key Partners’ and Collaborators’ relationships and level of trust with historically underserved populations. Demonstrate that the Regional Food Center is designed to meaningfully involve and serve historically underserved businesses and communities and that it is committed to engaging potential beneficiaries as active participants in Regional Food Center activities. Describe the process of consultation with and involvement of underserved individuals prior to or during the creation of the proposal. Show that the applicant and eligible entities in the partnership are established in the region and have demonstrated expertise to achieve project goals and outcomes. Identify any real or potential challenges to partner recruitment and engagement, and achievement of goals or outcomes, and describe possible strategies to address the challenges.*

# MONITORING AND EVALUATION

Describe a monitoring and evaluation plan that identifies potential feedback mechanisms and metrics that measure the results of project activities and will meet USDA’s evaluation requirements, including submitting the required semi-annual report which will collect metrics on the objectives outlined in RFA Section 1.2. Explain the methods, systems, and infrastructure that will be used to collect and compile data and reports from partners and subawards. Describe plans for coordination, communication, appropriate data sharing and necessary systems to monitor and collect evaluation data.

# FISCAL PLAN AND FINANCIAL CONtROLS

*Please complete the Budget and Justification below. In addition, describe the Lead Applicant’s fiscal management system, including:*

* *Commitment from the organizational leadership.*
* *Key staff who will be responsible for managing the financial systems.*
* *Expertise and experience of the project team necessary to successfully manage the funds and implement the project.*
* *Information on the Lead Applicant organization’s ability to manage a large number of subagreements.*
* *Demonstrated successful financial audit history.*

# BUDGET AND JUSTIFICATION

*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.*

*Refer to RFA Section 4.6, the Program Specific Terms and Conditions, and the AMS General Terms and Conditions* *for more information on allowable and unallowable expenses.*

*Define what percentage of funds will be used for agreement administration, coordination, technical assistance, and capacity building. Describe how this breakdown meets the region’s needs.*

|  |  |
| --- | --- |
| Expense category | Percentage of funds |
| **Administration** | *%* |
| **Coordination** | *%* |
| **Technical Assistance** | *%* |
| **Capacity Building** | *%* |
|  | *100%* |

## Budget Summary

|  |  |
| --- | --- |
| Expense category | Federal funds |
| **Personnel** |  |
| **Fringe benefits** |  |
| **Travel** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Contractual/subawards** |  |
| **Other (specify)** |  |
| **Direct costs subtotal** |  |
| **Indirect costs** |  |
| **Total budget (direct + indirect)** |  |

## Personnel

*List each person* ***at the Lead Applicant organization*** *who has a substantive role in the project and the amount of the request. 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.*

|  |  |  |  |
| --- | --- | --- | --- |
| Name, title | Justification for requesting funds | Level of effort*(# of hours OR % FTE)* | Annual salary requested |
|  |  |  | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |
|  |  |  | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |
|  |  |  | Year 1: $  Year 2: $  Year 3: $  Year 4: $  Year 5: $ |

Personnel subtotals: $

## Fringe Benefits

*Provide the fringe benefit rates for each of the salaried employees listed above. The costs of fringe benefits should be reasonable and in line with established policies of your organization. If the fringe is higher than 35% you must provide a justification.*

|  |  |  |
| --- | --- | --- |
| Name, Title | Fringe Benefit Rate | Funds Requested |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Fringe benefits subtotal: $**

## Travel

*Explain the purpose for each Trip Request for Lead Applicant personnel. 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/*](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 |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |
|  |  |  |  |  |  | $ |

**Travel 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 or 48 CFR subpart 31.2, as applicable.

## Equipment

*Describe any special purpose equipment to be purchased or rented by the Lead Applicant under the Cooperative Agreement. ‘‘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. Purchases over $5,000 must be approved and the purchased equipment monitored by AMS, as required by 2 CFR § 200.313.* *Rental of "general purpose equipment’’ must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. See RFA Section 4.6.1 and the Program Specific Terms and Conditions for more information on equipment.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item # | Description and funds justification | Rental or purchase? | Date acquired? | Funds requested |
| 1 |  |  |  | $ |
| 2 |  |  |  | $ |
| 3 |  |  |  | $ |

**Equipment 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 |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Supplies subtotal: $**

## Contractual

*The Contractual section includes the costs of* ***Key Partners and Collaborators*** *and any other 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 to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity. Contractual/consultant costs are 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 or subaward, each must be described separately.*

|  |  |  |  |
| --- | --- | --- | --- |
| Type | Name/organization and funds justification | Hourly/flat rate | Funds requested |
| Contract  Subaward |  |  | $ |
| Contract  Subaward |  |  | $ |
| Contract  Subaward |  |  | $ |

**Contractual 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 200.327, as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that my organization will follow the same requirements.

* *Remember to include a Key Partner Budget Form for each Key Partner as attachments to this Project Narrative.*

## 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 |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Other subtotal: $**

## Indirect

*Indirect costs (also known as “facilities and administrative costs”—defined at 2 CFR § 200.1* *are those costs incurred for a common or joint purpose benefitting more than one cost objective, and not readily assignable to the cost objectives specifically benefitted, without effort disproportionate to the results achieved. For the indirect cost formula and additional information, refer to Section 4.6.3 of the RFA.*

|  |  |
| --- | --- |
| Indirect cost rate requested (%) | Funds requested |
|  | $ |

## Program Income

*Program income is gross income—earned by a recipient or subrecipient under a federal award—directly generated by the project-supported activity or earned only because of the cooperative agreement during the 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 0581-0240. 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. Ensure that Partner Budget Forms for each Key Partner are included as attachments.**