

2022 FEDERAL SPECIALTY CROP BLOCK GRANT PROGRAM  
**FULL PROPOSAL APPLICATION PACKET**

**INSTRUCTIONS**

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The following pages are required sections for your full proposal submission.

What you need to know:

- 1. The full proposal requirements**
  - A. Cover Page (this page is not included in the 15-page full proposal total)
  - B. 15-pages or less proposal, including all budget and matching details (matching not required for this grant)
  - C. Must be submitted in a **Microsoft Word (font size of 12 & Times font) and will not be accepted in any other format.**
  - D. Remove this instruction page and any other instructions prior to submitting your proposal.
  - E. Indirect costs are limited to 8.00% of the direct cost of the grant.**
  - F. Deadline for submission: **5:00 p.m. on Friday, December 2, 2022.**
- 2. Letter(s) of support** and/or participation from industry. Letters of support are limited to five (5); these are not included in the full proposal 15-page limit. Letters of support must be sent as a **PDF**.
- 3. Submission** Interested applicants must submit a complete electronic Full proposal and grant application using the Department of Community and Economic Development’s Electronic Single Application (“ESA”) website at: <https://www.esa.dced.state.pa.us>

Proposals must be submitted no later than **5:00 p.m. on Friday, December 2, 2022.** Please ensure that any questions or concerns you may have regarding your proposal are discussed with the Grant Coordinator (Lauren Stackhouse) in advance of the **Dec 2nd** deadline.

Applicants are encouraged to save and name their files in the following formats when submitting proposals:

applicantname\_fullproposal\_SCBGP2022-25 (For Full Proposal)

applicantname\_supportletter\_fromwho2022-25 (For Support Letters)

- 4. Deadline for submission: 5:00 p.m. on Friday, December 2, 2022.**

Contact: Lauren Stackhouse  
Specialty Crop Block Grant Coordinator  
Bureau of Market Development  
2301 North Cameron Street Harrisburg, PA 17110  
717-614-5730  
[lastackhou@pa.gov](mailto:lastackhou@pa.gov)

## 2023 PENNSYLVANIA FEDERAL SCBGP COVER PAGE

<b>NAME OF APPLICANT ORGANIZATION:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	
<b>Contact Name:</b>		<b>Title:</b>	
<b>Phone:</b>	<b>Email:</b>		
<b>Tax ID:</b>		<b>DUNS #:</b>	
<b>Legislative District:</b>		<b>Congressional District:</b>	
<b>Project Begin Date:</b>		<b>Project End Date:</b>	
<b>Grant Request:</b> \$	<b>Cash Match:</b> \$	<b>In-Kind Match:</b> \$	<b>Total Project Cost:</b> \$
<b>Commodities:</b> <i>Check all that apply</i> (e.g. Fruits: <u>Blueberries</u> )			
<input type="checkbox"/> Fruits: <i>list them</i> <input type="checkbox"/> Vegetables: <i>list them</i> <input type="checkbox"/> Tree Nuts: <i>list them</i>		<input type="checkbox"/> Culinary Herbs or Spices: <i>list them</i> <input type="checkbox"/> Nursery, Floriculture or Horticulture Crops: <i>list them</i>	
<b>Funding Priority (optional):</b> <i>After reviewing priorities within guidelines document check all that apply</i>			
<input type="checkbox"/> Agricultural Education and Outreach <input type="checkbox"/> Environmental Crop Research / Conservation <input type="checkbox"/> Enhancement of Food Safety / Food Security <input type="checkbox"/> Plant Pest and Disease Control <input type="checkbox"/> Trade Enhancements / Innovations		<input type="checkbox"/> Nutrition Education and Consumption <input type="checkbox"/> Good Agricultural Practices <input type="checkbox"/> Good Handling Practices <input type="checkbox"/> Good Manufacturing Practices <input type="checkbox"/> Organic and Sustainable Production Practices	
<b>In ten (10) words or less what is the Project Title:</b>			
<b>Project Partners (optional):</b> <i>List all</i>			

# 2023 FEDERAL SCBGP PROJECT PROFILE TEMPLATE

The Project profile should detail the necessary information to fulfill the goals and objectives. The acceptable font size for the narrative is 12 with all margins at 1 inch and Times font. The following information must be included in the 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**

**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](http://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:** Increasing Consumption and Consumer Purchasing of Specialty Crops
- Outcome 2:** Increasing Access to Specialty Crops and Expanding Specialty Crop Production and Distribution
- Outcome 3:** Increasing Food Safety Knowledge and Processes
- Outcome 4:** Improve Pest and Disease Control Processes
- Outcome 5:** Develop New Seed Varieties and Specialty Crops
- Outcome 6:** Expand Specialty Crop Research and Development
- Outcome 7:** Improve Environmental Sustainability of Specialty Crops

### 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 2.3a.**

Number of new online portals created to sell specialty crops 21.

## 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	
<b>Direct Costs Subtotal</b>	
<b>Indirect Costs Subtotal</b>	
<b>Total Budget</b>	

## 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			
<b>Personnel Subtotal</b>			

## 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			
<b>Fringe Subtotal</b>			

### 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							
<b>Travel Subtotal</b>							

### 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.

**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
			<b>Supplies Subtotal</b>	

**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			
			<b>Contractual/Consultant Subtotal</b>

**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**

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**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
<b>Other Subtotal</b>				

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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**

The indirect cost rate must not exceed 8.00 percent of any project's direct cost. 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

<b>Indirect Subtotal</b>	
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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
<b>Program Income Total</b>		