

Fiscal Year 2018

# SPECIALTY CROP BLOCK GRANT – FARM BILL



**pennsylvania**  
DEPARTMENT OF AGRICULTURE

## CONCEPT PROPOSAL

*All projects are subject to availability of funding.*

Project Coordinator:

Project Title:

Has the organization ever received grant funds through the Pennsylvania Department of Agriculture?  No  Yes

Has the organization received Specialty Crop Block Grant Program funds in previous years?  No  Yes

### AREA OF FOCUS (check only one category)

Agricultural Education and Outreach

Nutrition Education and Consumption

Environmental Crop Research / Conservation

Good Agricultural Practices

Enhancement of Food Safety / Food Security

Good Handling Practices

Plant Pest and Disease Control

Good Manufacturing Practices

Trade Enhancements / Innovations

Organic and Sustainable Production Practices

Are you a Beginning Farmer or Rancher?  No  Yes

Are you a Socially Disadvantaged Farmer or Rancher?  No  Yes

Is this a Multi-State Partnership?  No  Yes

If so, name the other state(s)?

**Project Purpose** (In one or two paragraphs, clearly state the specific issue, problem, interest, or need, and how your project will address it. Explain why your project is important and timely):

### APPLICANT DETAILS

Organization / Business Type:

- Non-Profit
- Local Government Agency
- For-Profit
- College or University
- State Government

Organization / Business Name:

Federal Tax ID:

DUNS #:

Instructions as to how obtain a Data Universal Number System (DUNS) Number can be found at [www.whitehouse.gov/omb/grants/duns\\_num\\_guide.pdf](http://www.whitehouse.gov/omb/grants/duns_num_guide.pdf)

Address:

Phone Number:

Fax Number:

Web Site Address:

E-mail Address:

Requested Grant Amount for the Entire Project:

**Estimated Timeline**

Project start date: October 1, 2018 (or later)  
Project completion deadline: October 30, 2020 (or earlier)

**Start date:**

**End Date:**

**Goals, Objectives, and Expected Measurable Outcomes**

Describe the overall goal(s) and objective(s) and describe at least one distinct, quantifiable, and measurable outcome that directly and meaningfully supports the project's purpose.

**PRELIMINARY PROJECT WORK PLAN** *(List the major tasks of the proposed project)*

- |         |    |
|---------|----|
| Task(s) | 4. |
| 1.      | 5. |
| 2.      | 6. |
| 3.      | 7. |

**Projected Budget**

Complete the below budget for the proposed project.

Category	SCBGP-FB	Cash	In-Kind	Total	Comments
Personnel					
Fringe Benefits					
Travel					
Equipment					
Supplies					
Contractual					
Other					
Indirect Charges					
Program Income					
<b>Total</b>					

When complete, e-mail this document to:

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