

2024 COMMONWEALTH SPECIALTY CROP BLOCK
GRANT PROGRAM

FULL PROPOSAL APPLICATION PACKET

INSTRUCTIONS

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. Remove this instruction page and any other instructions prior to submitting your proposal.
- D. **Indirect costs are limited to 8.00% of the direct cost of the grant.**
- E. **Deadline for submission: 5:00 p.m. on Friday, April 19, 2024.**

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, April 19, 2024**. 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 **April 19th** deadline. Applicants are encouraged to save and name their files in the following formats when submitting proposals:

applicantname_fullproposal_CSCBGP_2024 (For Full Proposal)

applicantname_supportletter_fromwho2024 (For Support Letters)

4. Deadline for submission: 5:00 p.m. on Friday, April 19, 2024.

Contact: Lauren Stackhouse
Specialty Crop Block Grant Coordinator
Bureau of Administrative Services
2301 North Cameron Street Harrisburg, PA 17110
717-772-5207 lastackhou@pa.gov

2024 PENNSYLVANIA COMMONWEALTH SCBGP COVER PAGE

NAME OF APPLICANT ORGANIZATION:			
Address:			
City:	State:	Zip:	
Contact Name:		Title:	
Phone:	Email:		
Tax ID:		DUNS #:	
Legislative District:		Congressional District:	
Project Begin Date:		Project End Date:	
Grant Request: \$	Cash Match: \$	In-Kind Match: \$	Total Project Cost: \$
High Priority Crop: <i>Check one</i>			
<input type="checkbox"/> Hemp <input type="checkbox"/> Honey	<input type="checkbox"/> Flax for fiber only <input type="checkbox"/> Hops <input type="checkbox"/> Hardwoods		
Funding Priority (<i>optional</i>): <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		
In ten (10) words or less what is the Project Title:			
Project Partners (<i>optional</i>): <i>List all</i>			

Commonwealth Specialty Crop

PROJECT PROFILE TEMPLATE

2024 FUNDING

The State Plan should include a series of project profiles that detail the necessary information to fulfill the goals and objectives of each project. . The following information must be included in each project profile.

ORGANIZATION DETAIL

Organization Name:

Project Contact Name:

Mailing Address:

Phone:

Email:

PROJECT TITLE

DURATION OF PROJECT

Start 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. The project's purpose, deliverables, and expected outcomes and*
- 3. A description of the general tasks/activities 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

Include as many objectives as needed.

Objective 1:

Objective 2:

Objective 3:

Objective 4:

Objective 5:

Objective 6:

Objective 7:

Objective 8:

Objective 9:

Objective 10:

PROJECT BENEFICIARIES

Estimate the number of project beneficiaries:

Does this project directly benefit underserved 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.

CONTINUATION PROJECT INFORMATION

Does this project continue the efforts of a previously funded CSCBGP 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 Commonwealth SC Performance Measures, which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the Commonwealth Specialty Crop Block Grant Program.

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: Increase 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 performance measures, related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

FOR EXAMPLE:

Outcome	Indicator	Indicator Description	Value
1	1.1a	Total number of consumers who gained knowledge about specialty crops, Adults	132

Outcome	Indicator	Indicator Description	Value

Outcome	Indicator	Indicator Description	Value

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 4.0 Funding Considerations prior to developing their budget narrative.

BUDGET SUMMARY

Expense Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Supplies	
Contractual	
Other	
Direct Costs Sub-Total	
Indirect Costs	
Total Budget	

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 4.3 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.7.1 for further guidance. Fill personnel information in space below as needed.

#	Personnel Name/Title	Level of Effort (# of hours OR % FTE)	Funds Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Personnel Subtotal:

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.

Example: Personnel 1: Description and justification
Personnel 2: Description and justification

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.

#	Fringe Benefits Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Fringe Subtotal:

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 4.3 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							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							

Travel Subtotal:

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.

Example: Trip 1: (Approximate Date of Travel MM/YYYY), Justification

Trip 2: (Approximate Date of Travel MM/YYYY), Justification

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 4.3 Allowable and Unallowable Costs and Activities, Supplies and Materials, Including Costs of Computing Devices for further information.

#	Supplies Item Description	Per-Unit Cost	# of Units/Pieces Purchased	Acquire Date?	Funds Requested
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Supplies Subtotal:

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).

Example: Supply 1: Description and justification

Supply 2: Description and justification

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.

#	Contractual Name/Organization	Hourly Rate/Flat Rate	Funds Requested
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
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19			
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Contractual/Consultant Subtotal:

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 4.3 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.

Example: Contractual 1: Description and justification
Contractual 2: Description and justification

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 4.3 Allowable and Unallowable Costs and Activities, Meals for further guidance.

#	Other Item Description	Per-Unit Cost	Number of Units	Acquire Date?	Funds Requested
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Other Subtotal:

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).

Example: Other 1: Description and justification

Other 2: Description and justification

INDIRECT COSTS

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

Indirect Cost Rate	Funds Requested

Indirect Subtotal: