SCBGP Project Profile (FORM C)

**CONTACT INFORMATION**

Applicant/Organization Name:

Contact First and Last Name:

Legal Mailing Address:

Project Site Address:

County:

Contact Phone Number:

Contact Email Address:

Unique Entity ID (UEI):

**ENVIRONMENTAL JUSTICE QUESTIONNAIRE**

For the purposes of this RFR, “Environmental Justice” is based on the principle that all people have a right to be protected from environmental hazards and to live in and enjoy a clean and healthful environment regardless of race, color, national origin, income, or English language proficiency. Environmental justice is the equal protection and meaningful involvement of all people and communities with respect to the development, implementation, and enforcement of energy, climate change, and environmental laws, regulations, and policies and the equitable distribution of energy and environmental benefits and burdens.

While encouraged, the following questions are voluntary and will not impact eligibility. Answers to these questions help MDAR track progress towards the goals set forth in the [2021 Environmental Justice Policy](https://www.mass.gov/doc/environmental-justice-policy6242021-update/download), and [the 2022 Environmental Justice Strategy](https://www.mass.gov/doc/eea-environmental-justice-strategy-english/download), which require MDAR to a) report the amount of public funds used in Environmental Justice Communities, and b) track the number of new applicants for grant programs from Environmental Justice Communities and BIPOC Farmers. More information can be found in below. MDAR encourages stakeholders to provide feedback on the Environmental Justice Policy and Strategy, by visiting [mass.gov/environmental-justice](https://www.mass.gov/orgs/office-of-environmental-justice-equity-oeje).

Answers to the following questions are optional. This information will not in any way affect your eligibility for MDAR programs and is used for statistical purposes only.

1. Has the applicant applied for MDAR Funding Programs before this current application?

[ ] Yes [ ]  No [ ]  I don’t know

1. Has the applicant received funding from any MDAR Funding Programs?

[ ] Yes [ ]  No [ ]  I don’t know

**Questions 3-5 are for Farmer or Individual Applicants:**

1. Select one or more of the racial categories below:

[ ]  American Indian/Alaska Native/Indigenous [ ]  Middle Eastern or North African

[ ] Asian/South Asian [ ] Native Hawaiian or Other Pacific Islander

[ ] Black or African American [ ] White

[ ] Other:

*Please state with understanding that the races above may not be reflective of everyone.*

1. Select one or more of the ethnic categories below:

*Answers to the following questions are optional. This information will not in any way affect your eligibility for MDAR programs and is used for statistical purposes only.*

[ ] Not Hispanic or Latino [ ] Hispanic or Latino

[ ] Other:

*Please state with understanding that the races above may not be reflective of everyone.*

1. Is the applicant a Historically Underserved Farmer? Please check any of the following categories that apply based on these USDA definitions: <https://www.nrcs.usda.gov/getting-assistance/underserved-farmers-ranchers>

*Please check any of the following categories that apply based on* [*these USDA definitions*](https://www.nrcs.usda.gov/getting-assistance/underserved-farmers-ranchers)*.*

[ ] Limited Resource Farmer

(With direct or indirect gross farm sales not more than the current indexed value in each of the previous two years, and who has a total household income at or below the national poverty level for a family of four, or less than 50 percent of county median household income in each of the previous two years. A [Self-Determination Tool](https://lrftool.sc.egov.usda.gov/) is available to the public and may be completed online.)

[ ] Socially Disadvantaged Farmer

(Individual or entity who is a member of a socially disadvantaged group. A socially disadvantaged group is a group whose members have been subject to racial or ethnic prejudice because of their identity as members of a group without regard to their individual qualities.)

[ ] Beginning Farmer

(Has not operated a farm or ranch, or who has operated a farm or ranch for not more than 10 consecutive years)

[ ] Veteran Farmer

(Serves in the United States Army, Navy, Marine Corps, Air Force, or Cast Guard, including the reserve component thereof; was released from service under conditions other than dishonorable; and has not operated a farm or ranch, or has operated a farm or ranch for not more than 10 years; or Who first obtained status as a veteran during the most recent 10-year period.)

[ ] N/A

**Question 6 is for Organization/Collective-Applicants**

1. For organizations, regardless of formal legal status, or other collective applicants – does the majority of your board membership, majority owner (or owners), majority of your leadership team, fall into one or more of these groups? MDAR has adapted USDA’s definition of [Historically Underserved Farmers and Ranchers](https://www.nrcs.usda.gov/getting-assistance/underserved-farmers-ranchers) to allow organizations or entities representing multiple applicants to respond.

[ ] Limited Resource Farmer, Low-income Individuals, or Individuals with Lived Experience Relevant to the Organization’s Mission

[ ] Socially Disadvantaged Groups (American Indian/Alaska Native/Indigenous, Asian/South Asian, Black or African American, Middle Eastern or North African, Native Hawaiian or Other Pacific Islands, Hispanic or Latino) Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
*Please state with understanding that the races and ethnicities above may not be reflective of everyone*

[ ] Beginning Farmers

[ ] Veteran Farmers

[ ] N/A

If you feel that this application did not allow you to fully explain the diversity of the applicant for this grant (whether you are applying as an individual or on behalf of an entity), please explain here:

If you have any input on these questions, please come [this feedback form](https://www.mass.gov/forms/mdar-ej-feedback-form). The review team will not see this information, and responses will not affect eligibility.

**Project Title**

*Provide a descriptive project title in 15 words or less in the space below.*

**Duration of Project**

*Start date may not be earlier that 10/1/2025 and end date may not conclude after 9/29/2028.*

**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 Summary:

Applicant/organization background:

**ject**

**Project Purpose**

Provide the Specific Issue, Problem or Need that the Project will Address that is timely and important

Provide a Listing of the Objectives that this Project Hopes to Achieve

Objectives are separate from Expected Measurable Outcomes. Proposals should list and demonstrate clear, defined Objectives that relate to the Project Purpose. Projects should show clear project approach with unambiguous goals and objectives. If awarded, the recipient will be expected to directly report on successes and set-backs of these stated Objectives.

*Add more objectives by copying and pasting the existing listing or delete objectives that aren’t necessary.*

**Objective 1**

**Objective 2**

**Objective 3**

**Objective 4**

**Add other objectives as necessary**

Project Beneficiaries

Proposals must show that the project does not benefit a particular commercial product or provide a profit to a single organization, institution, or individual.

**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 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).*

**Environmental Justice Impacts**

*If your project falls within an EJ Community, describe how the project will demonstrate positive impacts to the community and provide demonstrated support from the community.*

**Expected Measurable Outcomes**

Select the Appropriate Outcome(s) and Indicator(s)/Sub-Indicator(s)

*You must choose at least one of the seven outcomes listed in the* [*SCBGP Performance Measures*](https://www.ams.usda.gov/sites/default/files/media/SCBGPPerformanceMeasures.pdf) *below (also listed on Pages 7- 11 of the RFR), which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the SCBGP on a national level.*

Outcome(s) selected should directly and meaningfully support the Project’s Purpose and align with Objectives. If awarded, the recipient will be expected to directly report on the results of chosen Outcomes, using language directly from the Work Plan (taken from the accepted Application Form C).

Outcome Measure(s), Indicators, and Data Collection plan

Select at least one of the seven outcome measures and at least one indicator for each selected outcome. 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 [SCBGP Performance Measures](https://www.ams.usda.gov/sites/default/files/media/SCBGPPerformanceMeasures.pdf) and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

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\*** |
|  |  |  |  |
|  |  |  |  |
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**\*You MUST enter a numerical value in the “Value” section. USDA will not accept words, lettering, or anything other than numerical values. It MUST be a numerical 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(s) and Indicator(s) in the space below. Data collection plans should be clearly defined, and should relate directly to selected Outcome(s) and Indicator(s). Include any and all methods of data collection.*

*Recipients are expected to have a thorough, outlined data collection plan at time of application submission, prior to project start date. If awarded, the recipient will be expected to directly report on how the data collection plan was utilized in gathering Indicator quantifiable results.*

Timeline

*Provide a detailed timeline of the project. Please include all objectives and outcomes, and the expected tasks to be completed. A successful timeline is effective and includes task accountability throughout the life of the project.*

New knowledge and expertise in Promoting Specialty Crops

*Explain how the project will add to new knowledge or expertise to effectively promote the competitiveness of Specialty Crops as a whole.*

Dissemination of results

*Explain how the project will demonstrate and disseminate replicable practices and results.*

**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 AMS General Terms and Conditions section* [*8.2 Allowable and Unallowable Costs and Activities*](https://www.ams.usda.gov/sites/default/files/media/FY2020GDTermsandConditionsUpdates.pdf) (*begins on Page 9 of document) prior to developing their budget narrative (can also be produced upon request – contact Keri Cornman at* *Keri.Cornman@mass.gov**). Indirect costs are not allowed for recipients.*

Budget SUmmary

| **Expense Category** | **Funds Requested** |
| --- | --- |
| **Personnel** |  |
| **Fringe Benefits** |  |
| **Travel** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Contractual** |  |
| **Other** |  |
| **Direct Costs Sub-Total** |  |
| **Indirect Costs** | \*NOT APPLICABLE FOR SCBGP APPLICANTS\* |
| **Total Budget** |  |

EXPENSES BY COST CATEGORY

Personnel

*List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities that solely enhance the competitiveness of specialty crops. Applicants should review the AMS General Terms and Conditions section* [*8.2 Allowable and Unallowable Costs and Activities*](https://www.ams.usda.gov/sites/default/files/media/FY2020GDTermsandConditionsUpdates.pdf) *(begins on Page 9 of document) prior to developing their budget narrative (can also be produced upon request – contact Keri Cornman at* *Keri.Cornman@mass.gov**).*

| **#** | **Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

add more rows as necessary

**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.*

**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. If fringe rates vary, please provide justification below.*

| **#** | **Name/Title** | **Fringe Benefit Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

add more rows as necessary

**Fringe Subtotal:**

Fringe Justification

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*](http://www.gsa.gov)*. Applicants should review the AMS General Terms and Conditions section* [*8.2 Allowable and Unallowable Costs and Activities*](https://www.ams.usda.gov/sites/default/files/media/FY2020GDTermsandConditionsUpdates.pdf) *(begins on Page 9 of document) prior to developing their budget narrative (can also be produced upon request – contact Keri Cornman at* *Keri.Cornman@mass.gov**).*

| **#** | **Trip Destination** | **Type of Expense (airfare, car, rental, hotel, meals, mileage, etc.)** | **Unit of Measure (days, nights, miles, etc.)** | **# of Units** | **Cost per Unit** | **# of Travelers Claiming the Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |

add more rows as necessary

**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.*

**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 C.F.R. 200.474](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) or [48 C.F.R. subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12), as applicable. | [ ]  |

Equipment

*Describe any special purpose equipment to be purchased or rented under the grant. ‘‘Special purpose equipment’’ is tangible, nonexpendable, personal property having a useful life of more than one (1) 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. Applicants should review the AMS General Terms and Conditions section* [*8.2 Allowable and Unallowable Costs and Activities*](https://www.ams.usda.gov/sites/default/files/media/FY2020GDTermsandConditionsUpdates.pdf) *(begins on Page 9 of document) prior to developing their budget narrative (can also be produced upon request – contact Keri Cornman at* *Keri.Cornman@mass.gov**).*

*Rental of "general purpose equipment’’ must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. Applicants should review the AMS General Terms and Conditions section* [*8.2 Allowable and Unallowable Costs and Activities*](https://www.ams.usda.gov/sites/default/files/media/FY2020GDTermsandConditionsUpdates.pdf) *(begins on Page 9 of document) prior to developing their budget narrative (can also be produced upon request – contact Keri Cornman at* *Keri.Cornman@mass.gov**).*

| **#** | **Equipment Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

add more rows as necessary

**Equipment Subtotal:**

Equipment Justification

*For each Equipment item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn’t necessary.*

**Equipment 1:**

**Equipment 2:**

**Equipment 3:**

**Add other Equipment as necessary**

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 solely enhance the competitiveness of specialty crops. Applicants should review the AMS General Terms and Conditions section* [*8.2 Allowable and Unallowable Costs and Activities*](https://www.ams.usda.gov/sites/default/files/media/FY2020GDTermsandConditionsUpdates.pdf) *(begins on Page 9 of document) prior to developing their budget narrative (can also be produced upon request – contact Keri Cornman at* *Keri.Cornman@mass.gov**).*

| **#** | **Supplies Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire Date?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
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| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

add more rows as necessary

**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).*

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.) Contractor/consultant rates may not exceed the salary of a GS-15 step 10 Federal employee in the area (for more information, visit the* [*OPM*](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/) *website).*

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 |  |  |  |
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| 7 |  |  |  |
| 8 |  |  |  |

add more rows as necessary

**Contractual 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 (for more information please go to* [*https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/*](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/)*) provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses.*

**Contractor/Consultant 1:**

**Contractor/Consultant 2:**

**Contractor/Consultant 3:**

**Add other Contractors/Consultants as necessary**

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 C.F.R. Part 200.317-326](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#sg2.1.200_1316.sg3), 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. Applicants should review the AMS General Terms and Conditions section* [*8.2 Allowable and Unallowable Costs and Activities*](https://www.ams.usda.gov/sites/default/files/media/FY2020GDTermsandConditionsUpdates.pdf) *(begins on Page 9 of document) prior to developing their budget narrative (can also be produced upon request – contact Keri Cornman at* *Keri.Cornman@mass.gov**).*

| **#** | **Other Item Description** | **Per-Unit Cost** | **# of Units** | **Acquire Date?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |

add more rows as necessary

**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).*

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** |
| --- | --- | --- | --- |
| 1 |  |  |  |
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| 4 |  |  |  |

add rows as necessary

matching costs (not Required)

*Please list any matching costs that will be contributed to the project. Matching costs are not required for SCBGP projects.*

Itemized matching costs

*Provide a list of matching costs, providing details*

| **#** | **Personnel/Item/Etc.** | **Detail/Description of cost** | **Funds Contributing** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
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| 4 |  |  |  |

*add rows as necessary*

**Matching Subtotal:**

|  |
| --- |
| **SECTION THREE: ATTESTATION:** |
| By signing this application you attest all statements herein are accurate and true. If requested, you also give permission to a site visit conducted by MDAR before a funding decision is made. All site visits will be arranged with applicants in advance.  |
| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |