

Solicitation Grant Proposals

**Specialty Crop Grants Period 2018
Grant Funding Period April 1, 2019 through March 31, 2021
Grant Funds Will Awarded Based on Farm Bill Passage**

SECTION 1: INTRODUCTION

The Rhode Island Department of Environmental Management /Division of Agriculture announces the availability Viability grant funds for the purpose of enhancing the competitiveness of Specialty Crops grown in Rhode Island.

Total available grant funds for this program are approximately \$150,000, individual grant awards of less than \$10,000 are not eligible and requests may not exceed \$50,000. Fifty percent (50%) of approved grant awards may be provided at initiation of activities, with balance (50%) upon satisfactory completion of the grant project. The DEM Agricultural Advisory Committee will review all grants and make recommendations to RI-AG who will make the final recommendations to the Director on all grant awards. No grant monies may be spent on construction projects. Applicants with previous participation that have incomplete or unsatisfactory performance may be ruled ineligible for participation at the sole discretion of RI Division of Agriculture. Applicants with matching investment as evidenced by budget and narrative may receive additional evaluation consideration. All funding for grants associated with this program are subject to funding provided to RI-AG by USDA under the Specialty Crop Block Grant Program.

FOR AN OVERVIEW OF THE PROGRAM AND SOME EXAMPLES OF GRANT REQUESTS. PLEASE GO TO: www.ams.usda.gov/scbgp and click on Grants, Rules, and Procedures 2017 Guidance Document.

All Rhode Island Agricultural organizations or residents who are interested in obtaining grant program funds are invited to submit grant proposals to the Rhode Island Division of Agriculture.

All applications must be post marked not later than March 31, 2018 and not exceed 6 pages typed 12 font.

All applicants must have a Data Universal Numbering System (DUNS) number means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>).

Completed and applications should be sent to: Rhode Island Division of Agriculture, 235 Promenade Street Room 370, Providence, RI 02908 to be considered.

Also applications must be e-mailed to peter.susi@dem.ri.gov in word format.

For further information contact: Peter Susi at (401) 222 –2781 x 4517 or peter.susi@dem.ri.gov

The RI Division of Agriculture RI-AG is the administrator of this project.

INSTRUCTIONS AND NOTIFICATIONS

Potential applicants are advised to review all sections of this request, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein will result in non –consideration of the proposal.

All costs associated with developing or submitting a proposal in response to this request, or to provide oral or written clarification of its content are not eligible expenses and shall be the sole responsibility of the applicant. The State assumes no responsibility for these costs.

Proposals misdirected to other State locations or which are otherwise not present in Division of Agriculture by the date stated in this offering will be determined to be late and will not be considered. For the purpose of recording proposal arrival, the "official" time clock is located in the reception area of the Division of Agriculture.

Applicants are advised that all materials submitted to the State of Rhode Island for consideration in response to this Request for Grant Proposals will be considered to be public records, as defined in Title 38 Chapter 2 of the Rhode Island General Laws, without exception, and will be released for inspection immediately upon request, once an award has been made.

SECTION 2: BACKGROUND and PURPOSE

Background

The Specialty Crop Grant Program is authorized under section 101 of the Specialty Crops Competitiveness Act of 2004 (7 U.S.C. 1621 note) and is implemented under 7 CFR part 1290 [Docket No. FV06-1290-1 FR]. The SCBGP assists State departments of agriculture in enhancing the competitiveness of U.S. specialty crops. Specialty crops are defined as fruits and vegetables, dried fruit, tree nuts, and nursery crops (including floriculture, and turf production). Examples of enhancing the competitiveness of specialty crops include, but are not limited to: Research, promotion, marketing, nutrition, trade enhancement, food safety, food security, plant health programs, education, ``buy local" programs, increased consumption, increased innovation, improved efficiency and reduced costs of distribution systems, environmental concerns and conservation, product development, and developing cooperatives.

To be eligible for a grant, each agricultural organization or individuals application shall be clear and succinct and include the following documentation satisfactory to the RI Division of Agriculture (RI-AG).

- (a) Completed applications must include a RI-AG Grant Application form. Included in this package.

- (b) Completed applications must also include a plan to show how grant funds will be utilized to enhance the competitiveness of specialty crops. Grant funds will be awarded for projects of up to two years duration starting April 1, 2019 through March 31, 2021.

The plan must be outlined in the following format. All questions must be answered under each section using headings below:

SCBGP Project Profile Template

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 acceptable font size for the narrative is 11 or 12 pitch with all margins at 1 inch. The following information must be included in each 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

Objective 4

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 SOLELY ENHANCING SPECIALTY CROPS

By checking the box to the right, I confirm that this project **solely** enhances the competitiveness of specialty crops in accordance with and defined by [7 U.S.C. 1621](#). Further information regarding the definition of a specialty crop can be found at www.ams.usda.gov/services/grants/scbgp.

CONTINUATION PROJECT INFORMATION

If your project is continuing the efforts of a previously funded SCBGP project, 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).

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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:** Enhance the competitiveness of specialty crops through increased sales (required for marketing projects)
- Outcome 2:** Enhance the competitiveness of specialty crops through increased consumption
- Outcome 3:** Enhance the competitiveness of specialty crops through increased access
- Outcome 4:** Enhance the competitiveness of specialty crops through greater capacity of sustainable practices of specialty crop production resulting in increased yield, reduced inputs, increased efficiency, increased economic return, and/or conservation of resources
- Outcome 5:** Enhance the competitiveness of specialty crops through more sustainable, diverse, and resilient specialty crop systems
- Outcome 6:** Enhance the competitiveness of specialty crops through increasing the number of viable technologies to improve food safety
- Outcome 7:** Enhance the competitiveness of specialty crops through increased understanding of the ecology of threats to food safety from microbial and chemical sources
- Outcome 8:** Enhance the competitiveness of specialty crops through enhancing or improving the economy as a result of specialty crop development

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 1.a.

Of the 150 total number of children and youth reached, 132 will gain knowledge about eating more specialty crops.

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	

Budget Summary	
Expense Category	Funds Requested
Equipment	
Supplies	
Contractual	
Other	
Direct Costs Subtotal	
Indirect Costs	

Total Budget	
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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. 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			
4			

Personnel Subtotal	
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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			

Fringe Subtotal	
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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							

Travel Subtotal	
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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.

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 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. See the Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Equipment - Special Purpose for further guidance

Rental of "general purpose equipment" must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. See Request for Applications section 4.7.2 Allowable and Unallowable Costs and Activities, Equipment - General Purpose for definition, and Rental or Lease Costs of Buildings, Vehicles, Land and Equipment.

#	Item Description	Rental or Purchase	Acquire When?	Funds Requested
1				
2				
3				
4				

Equipment Subtotal	
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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. 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

Supplies Subtotal	
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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			
3			
4			

Contractual/Consultant Subtotal	
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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 <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/>), 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

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

Other Subtotal	
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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 percent of any project's budget. 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

Indirect Subtotal	
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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 solely enhance the competitiveness of specialty crops	Estimated Income

Program Income Total	
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**GRANT REQUEST NOT IN ABOVE FORMAT WILL NOT BE
CONSIDERED! GRANT REQUESTS THAT EXCEED 6 PAGES 12 FONT
WILL NOT BE CONSIDERED.**

Applicants submitting hard copy applications should submit One (1) unstapled original copy of the application package. The original must be signed (with an original signature) by an official who has authority to apply for financial assistance. RI-AG will send an e-mail confirmation when applications arrive at the RI-AG office as long as one has been provided on the application form. Applicants who submit hard copy applications must submit electronic versions of their application directly to RI-AG via e-mail addressed to peter.susi@dem.ri.gov in the following format: Word (*.doc);

Alternatively, a standard 3.5" HD diskette or a CD may be enclosed with the hard copy application .

**Farm Viability Grant Application
Specialty Crop Enhancement Program 2019 / 2021**

1. Name and Address of Applicant: _____

2. Name, Phone & Email of Applicant Contact person:

Name _____

Phone _____ Email _____

3. Grant Amount Requested: _____ 3a Match Value* _____

4. Have you (applicant) received a farm viability grant in the past? Yes No

5. Length of project: Estimated Start date: _____ End Date: _____

6. Does the applicant have a W-9 on file with the State of Rhode Island? Yes No
(If no please complete attached form RI W-9)

7. Is the applicant delinquent on any state or federal tax? Yes No.

8. Data Universal Numbering System (DUNS) number: _____

means the nine-digit number established and assigned by Dun and Bradstreet, Inc. (D&B) to uniquely identify business entities. A DUNS number may be obtained from D&B by telephone (currently 866-705-5711) or the Internet (currently at <http://fedgov.dnb.com/webform>).

Signature of Applicant Date

Please attach 1 unstapled original of your grant proposal to all filled out forms and submit to the RI Division of Agriculture 235 Promenade Street, Providence, RI 02908

Also please e-mail a copy of your grant proposal to peter.susi@dem.ri.gov in word format.

***Match value may be cash or in-kind services but must be adequately explained and documented.**

State of Rhode Island
**PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

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Employer ID No. (EIN)

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H **NAME**

ADDRESS

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
- (2) **I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.**

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE

TITLE

BUSINESS DESIGNATION:

- Please Check One: Individual Medical Services Corporation
Government/Nonprofit Corporation
Partnership Corporation Trust/Estate Legal Services
Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF – Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908