

Solicitation For Grant Proposals

Specialty Crop Grants 2009

SECTION 1: INTRODUCTION

The Rhode Island Department of Environmental Management /Division of Agriculture (RIDAG) announces the availability of Farm 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 \$80,000 , individual grant awards may not exceed \$15,000. Fifty percent (50%) of approved grant awards will be provided up front, fifty percent (50%) upon satisfactory completion of the grant project. The DEM Agricultural Advisory Committee will review all grants and make recommendations to the RIDAG who will make the final decision on all grant awards. All grants must be for non-construction purposes. All funding for grants associated with this program are subject to funding provided to the RIDAG by USDA under the Specialty Crop Block Grant Program.

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 **July 24, 2009**.

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

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

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

INSTRUCTIONS AND NOTIFICATIONS

Potential applicants are advised to review all sections of this request carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection 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, shall be borne by the offer. 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 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 RIDAG.

- (a) Completed applications must include an RIDAG 101 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. The plan shall include the following:
 - (1) **Cover page.** Include the lead agency for administering the plan and an abstract of 200 words or less for each proposed project.
 - (2) **Project purpose.** Clearly state the specific issue, problem, interest, or need to be addressed. Explain why each project is important and timely.
 - (3) **Potential Impact.** Discuss the number of people or operations affected, the intended beneficiaries of each project, and/or potential economic impact if such data are available and relevant to the project(s). Also include a short description on how this project will integrate with and/or enhance farm viability efforts in Rhode Island.

- (4) **Financial Feasibility.** For each project, provide budget estimates for the total project cost. Indicate what percentage of the budget covers administrative costs. Administrative costs should not exceed 5 percent of any proposed budget.
- (5) **Expected Measurable Outcomes.** Describe at least two discrete, quantifiable, and measurable outcomes that directly and meaningfully support each project's purpose. The outcome measures must define an event or condition that is external to the project and that is of direct importance to the intended beneficiaries and/or the public.
- (6) **Goal(s).** Describe the overall goal(s) in one or two sentences for each project.
- (7) **Work Plan.** Explain briefly how each goal and measurable outcome will be accomplished for each project. Be clear about who will do the work. Include appropriate time lines. Expected measurable outcomes may be long term that exceed the grant period. If so, provide a timeframe when long term outcome measure will be achieved.
- (8) **Project Oversight.** Describe the oversight practices that provide sufficient knowledge of grant activities to ensure proper and efficient administration.
- (9) **Project Commitment.** Describe how all grant partners commit to and work toward the goals and outcome measures of the proposed project(s).

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. RIDAG will send an e-mail confirmation when applications arrive at the RIDAG office as long as one has been provided on the application form. Applicants who submit hard copy applications are also encouraged to submit electronic versions of their application directly to RIDAG via e-mail addressed to peter.susi@dem.ri.gov in one of the following formats: Word (*.doc); or Adobe Acrobat (*.pdf). Alternatively, a standard 3.5" HD diskette or a CD may be enclosed with the hard copy application.

Farm Viability Grant Application

(RIDAG – 101)

Specialty Crop Enhancement Program 2009/2012

1. Name and Address of Applicant: _____

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

Name _____

Phone _____

Email _____

3. Grant Amount Requested: _____

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.

Signature of Applicant

Date

**Please attach 1 original and 6 copies of your grant proposal to this form and submit
to the
RI Division of Agriculture 235 Promenade Street, Providence, RI 02908**

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)

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 either because: (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.**
- (3) **As it relates to the "E-Verify" program, I/We certify that I/We have registered to utilize the e-verify program (www.dhs.gov/E-Verify) to ensure compliance with federal and state law. I understand and agree that I am required to continue to utilize the services of the E-Verify program for as long as I continue to do business with the State of Rhode Island. I further understand that my failure to continue to utilize the services of the E-Verify program will adversely affect my ability to continue to do business with the State of Rhode Island and my ability to do business with the State of Rhode Island in the future.**

Certification Instructions -- You must cross out item (2) above if you have been notified by 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.