Solicitation Grant Proposals

Specialty Crop Grants Period 2011
Grant Funding Period April 1, 2012 through March 31, 2014

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 $30,000. 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 2011 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, 2011 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 1,2012 through March 31,2014.

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

ABSTRACT AND PROJECT TILE

- ☐ Is a project title included?
- ☐ Is an abstract of 200 words or less suitable for dissemination to the public included?

PARTNER ORGANIZATION

- ☐ Is the project partner organization's name included?

PROJECT PURPOSE

- ☐ Does the project enhance the competitiveness of eligible U.S. or U.S. territory grown specialty crops?
- ☐ Does this section describe the specific issue, problem, or need to be addressed?
- ☐ Does this section discuss why the project is important and timely?
- ☐ Are the objectives of the project clearly stated?
- ☐ If the project has the potential to enhance the competitiveness of non-specialty crops, does this section indicate how the applicant will ensure that all grant funding is being used to solely enhance the competitiveness of eligible specialty crops?
- ☐ If the project was funded previously, does this section include how the current project will build on the previously funded project?
- ☐ Does this section include a statement that the project has not been submitted to or funded by another Federal or State grant program?
- ☐ If the project has been submitted to or funded by another Federal or State grant program, does this section indicate how the project supplements efforts of the SCBGP-FB and the other Federal or State grant program and not duplicate funding efforts?

POTENTIAL IMPACT

- ☐ Are the beneficiaries of this project adequately discussed?
- ☐ Have the number of project beneficiaries been appropriately addressed?
- ☐ Does this section address how the beneficiaries will be impacted by the project?
- ☐ If available, is a potential economic impact provided under this section?
- ☐ Does the project benefit more than one commercial product or individual, or organization?

EXPECTED MEASUREABLE OUTCOMES

☐ Has at least one distinct, quantifiable, and measurable outcome that defines an event or condition that is external to the project and that is of direct importance to the intended beneficiaries been provided?

☐ Do the outcomes include a goal, performance measure, baseline, and a target if applicable?

☐ Does this section include how performance toward meeting the outcomes will be monitored?

☐ Are expected measurable outcomes long term and outside the grant period? If so, indicate how monitoring will occur after the grant period ends without SCBGP-FB funding.

WORK PLAN

☐ Does the work plan adequately include the activities necessary to accomplish the project objectives?

☐ Does the work plan indicate who will do the work of each activity, including subgrantees, and/or contractors?

☐ Does the work plan include the performance monitoring/data collection plan activity described in the expected measureable outcome section?

☐ Does the work plan include timelines for each activity (at least month and year)?

☐ Does the timeline show that the project will be completed in 2 years and/or within the grant period?

BUDGET NARRATIVE

☐ Does the narrative include applicable budget information for personnel, fringe benefits, contractual, travel, equipment, supplies, indirect costs, and program income if shown on form?

☐ Does the budget narrative demonstrate that grant funds are being expended on eligible grant activities that meet the purpose of the program?

☐ Are costs allowable, reasonable, and allocable?

☐ Are matching funds shown separately in the budget narrative?

☐ If personnel costs are budgeted, does the narrative include each project participant's title, % FTE, corresponding salary, and total personnel costs?

☐ If fringe benefits are budgeted, does the narrative include the rate of fringe benefits for each project participant's salary described under personnel and total fringe benefit costs?

☐ If travel is budgeted, does the narrative include the destination; purpose of trip; number of trips; number of people traveling; number of days traveling; estimated airfare costs; estimated ground transportation costs; estimated lodging and meals costs; estimated mileage rate and costs for the travel if applicable; and total travel costs?

☐ If special purpose equipment is budgeted that solely benefits specialty crops, does the narrative include an itemized list of equipment purchases $5,000 or more and rentals, along with a brief narrative of the intended use of each item and the total cost of all equipment and rentals?

☐ If supplies are budgeted, does the budget narrative include an itemized list of supplies under $5,000 and the estimated dollar amount for each item, and total supply costs?

☐ If contractual is budgeted, does the narrative provide a short description of the services each contract covers, indicate if the cost is a flat rate fee OR total hourly fee, include the flat

rate cost OR hourly rate, list general categories of items the contract covers such as professional services, travel, lodging, indirect costs, etc., and include total contractual costs? www.opm.gov and click on *Salaries and Wages*.)

☐ If contractual costs are hourly rates, do they exceed the salary of a GS-14 step 10 Federal employee in your area? If so, is a brief justification provided?

☐ Under the "Other" cost category if applicable, are communications such as mailings, express mail, faxes, and telephone long distance charges estimated? Are speaker fees included and a description of the services they are providing? Are estimated costs of publications included? Are estimated costs of performance data collection included? Are all "Other" costs totaled?

☐ If meals are budgeted for reasons other than meals associated with travel per diem, is there an adequate justification for why these costs are not entertainment costs?

☐ Do grant funds supplement the expenditure of State funds in support of specialty crops grown in the State, rather than replace State funds?

☐ If indirect costs are budgeted, are they totaled and less than 10% of the total project's budget?

☐ If program income will be generated, does the narrative indicate the nature or source of program income, estimate the amount of program income, and describe how the income will be used to further enhance the competiveness of specialty crops?

PROJECT PARTNER OVERSIGHT

☐ Have you indicated who will oversee the project activities?

☐ Does this section adequately describe how oversight will be performed with timelines?

PROJECT COMMITMENT

☐ Does this section briefly describe who supports this project?

☐ Have you indicated how all grant partners work toward meeting goals and outcome measures?

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 2010/2013

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.**

E-Verify Sub Form W-9 (Rev. 6/08)

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) | **Employer ID No. (EIN)**

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.