

2021 WEST VIRGINIA DEPARTMENT OF AGRICULTURE FARMERS & RANCHERS STRESS ASSISTANCE NETWORK (FRSAN)

APPLICATION

The acceptable font size for the narrative is **Cambria, 12 pitch with all margins at 1 inch in MS word 2013 or later.** The following information must be included in each project profile.

COMPLETE ALL REQUESTED INFORMATION. WHEN APPROPRIATE, USE A NARRATIVE FORMAT. DELETE ALL ITALICIZED TEXT. KEEP ALL BANNER HEADINGS INTACT. FOR APPLICATIONS TO BE CONSIDERED, ALL TEXT BOXES MUST BE COMPLETED INCLUDING REFERENCE TO NON-APPLICABILITY (N/A).

INSTRUCTIONS:

1. PLEASE READ THE FY 21 FRSAN GRANT APPLICATION INSTRUCTION MANUAL AND ANY ATTACHMENTS IN THEIR ENTIRETY PRIOR TO COMPLETING THE APPLICATION.
2. To maintain the formatting of this template when copying and pasting text from another source, right-click and select "Keep Text Only" under "Paste Options."
3. Save your application with the filename that relates to your project name.
4. The completed application should be uploaded and included in an email to grants@wvda.us as a Microsoft Word document (.doc or .docx) **AND** a PDF. Applications can also be mailed.

THE APPLICATION MUST BE SUBMITTED AS A WORD DOCUMENT AND A PDF.

PROJECT TITLE (15 WORDS OR FEWER)

PROJECT APPLICANT, TAX ID, DUNS NUMBER & CONTACT

Organization:

FEIN:

DUNS:

Mailing Address:

Project/Grant Contact:

Phone:

Email:

VETERAN BASED ORGANIZATION

Is the applicant agency, or partners, a veteran based organization or will the grant directly serve veterans engaged in farming, ranching, and other agriculture-related occupations?

☐ Yes

☐ No

DURATION OF PROJECT (DEFAULT START DATE IS 2/1/2022 AND END DATE IS 1/31/2023)

Start Date: _____

End Date: _____

PROJECT PURPOSE

PROVIDE THE SPECIFIC ISSUE, PROBLEM OR NEED THE PROJECT WILL ADDRESS

PROVIDE A LISTING OF THE GOALS THIS PROJECT HOPES TO ACHIEVE

Goals are broad-based statements. Utilize SMART goals. SMART is an acronym used to describe the process of setting goals. The acronym stands for the words "specific," "measurable," "achievable," "relevant" and "time-bound," which are essential traits of setting objectives. The SMART method provides a way to measure your progress and be accountable for your success. Setting SMART goals allow you to realistically evaluate what you are trying to achieve by assessing what actions to take to reach your goal.

Goal 1:

Goal 2:

Goal 3:

Goal 4:

PROVIDE A LISTING OF THE OBJECTIVES THIS PROJECT HOPES TO ACHIEVE

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

A project's objectives are statements of how you intend to accomplish each goal. Objectives are concerned with both short and long-term achievements.

Objective 1:

Objective 2:

Objective 3:

Objective 4:

PROVIDE A LISTING OF THE ACTIVITIES THIS PROJECT HOPES TO ACHIEVE

Add more activities by copying and pasting the existing listing.

A project's activities are the specific tasks that must be completed to accomplish each objective.

Activities 1:

Activities 2:

Activities 3:

Activities 4:

PROVIDE A LISTING OF THE OUTCOME MEASURES THIS PROJECT HOPES TO ACHIEVE

Add more outcome measures by copying and pasting the existing listing.

A project's outcome measures are concerned with whether implementing an objective achieved the intended results.

Outcome 1:

Outcome 2:

Outcome 3:

Outcome 4:

PROJECT BENEFICIARIES: PLEASE HIGHLIGHT THE ANSWER IN YELLOW.

Estimate the number of project beneficiaries:

CONTINUATION PROJECT INFORMATION: MARK WITH 'X'.

☐ This project is NOT a continuation of a previous project. *If not, please mark the below questions with 'N/A'.*

☐ This project IS a continuation of a previous project. *If a continuation, please answer the below questions.*

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?

DESCRIBE THE LIKELIHOOD OF THE PROJECT BECOMING SELF-SUSTAINING AND NOT INDEFINITELY DEPENDENT ON GRANT FUNDS

OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS: MARK WITH 'X'.

The FRSAN will not fund duplicative projects. Did you submit this project to a federal or state grant program other than the FRSAN for funding and/or is a federal or state grant program other than the FRSAN 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 FRSAN project differs from or supplements the other grant program(s) efforts.

EXTERNAL PROJECT SUPPORT

Describe the FRSAN stakeholders who support this project and explain why they are involved (other than the applicant)

Who are the FRSAN stakeholders, other than the applicant, who support this project?

How do the above stakeholders support this project?

DATA COLLECTION TO REPORT ON OUTCOMES

Explain how you will collect the required data to report on the outcome(s).

BUDGET NARRATIVE

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the FRSAN. Applicants should review the FY 21-FRSAN Grant Application Instruction Manual in its entirety prior to completion.

Budget Summary	Budget Summary	Budget Summary	Budget Summary
Expense Category	FRSAN Funds Requested	Funds Requested	
Personnel			\$
Fringe Benefits			\$
Travel			\$
Equipment			\$
Supplies			\$
Contractual			\$
Other			\$
Subtotal			\$
		TOTAL Budget	

PERSONNEL

List the organization's employees whose time and effort can be specifically identified and easily and accurately traced to project activities related to FRSAN. See the FY 21 FRSAN Grant Application Instruction Manual for Allowable and Unallowable Costs and Activities, Salaries 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 as necessary.

PERSONNEL 1:

PERSONNEL 2:

PERSONNEL 3:

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 FRSAN funds.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			
3			
4			
		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 FY 21 FRSAN Grant Application Instruction Manual for further guidance.

THE REIMBURSABLE MILEAGE RATE IS: .56 CENTS A MILE.

#	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	\$0
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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. **MARK WITH 'X'.**

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.

☐ Yes, 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 equipment to be purchased or rented under the grant. Cost of the equipment must be appropriately prorated among the activities to be benefitted. See FY 21 FRSAN Grant Application Instruction Manual for further guidance.

#	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:

SUPPLIES

List the materials, supplies, etc. costing less than \$5,000 per unit and describe how they will support the purpose and goal of the proposal of FRSAN. See FY 21 FRSAN Grant Application Instruction Manual for further guidance.

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 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

Describe the project activities each contractor or consultant will accomplish to meet the objectives and outcomes of the project. 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/2018/general-schedule/>), provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See FY 21 FRSAN Grant Application Instruction Manual for further guidance.

Contractor/ Consultant 1:

Contractor / Consultant 2:

Contractor / Consultant 3:

Add more as necessary.

CONFORMING WITH YOUR PROCUREMENT STANDARDS. MARK WITH 'X'.

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.

☐ Yes, 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.

Meals that are part of the costs of meetings and conferences, the primary purpose of which is the dissemination of technical information, are allowable as are costs of transportation, rental of facilities, speakers' fees, and other items incidental to such meetings or conferences. Note: Meals consumed while in official travel status do not fall in this category. They are considered to be per diem expenses and should be reimbursed in accordance with the organization's established travel policies subject to statutory limitations.

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 goal(s), objective(s) activities and outcome(s).

PROGRAM INCOME

Program income is gross income 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 benefit FRSAN	Estimated Income

Program Income Total	
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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 and includes—

- 1. The name of the applicant organization that if awarded a grant will establish an agreement with the West Virginia Department of Agriculture to lead and execute the project.*
- 2. A concise outline the project's outcome(s).*
- 3. A description of the general activities to be completed during the project period to fulfill this goal.*

The Project Summary is a summation of intended project activities and outcomes, like an abstract. If funded, this statement will be used to promote the project. When requests are made of the program for particular projects, this is what WVDA/USDA will release to the public. The Project Purpose provides more detail about the project's background, the reason it's being proposed, and the project's beneficiaries. The Project Purpose is essentially the "nuts and bolts" of the proposal, while the Project Summary is a condensed statement of the project's activities and outcomes.

Suggested Outline: *[Name of Organization] will [What will your project achieve?] by [How will you achieve it?]*

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 WORK PLAN

Please provide an overview of the project work plan.

WHAT	WHO?	WHEN?