

RFSI INFRASTRUCTURE GRANT PROPOSAL

The RFSI Infrastructure Grant Proposal should include a series of project profiles that detail the necessary information to fulfill the goals and objectives of each Infrastructure Grant subaward project the State intends to award. The acceptable text size for the narrative is 11- or 12-point font with all margins at 1 inch.

*The following information is required for **each** Infrastructure Grant subaward project profile.*

APPLICANT INFORMATION

Applicant Organization:

SAM.gov UEI:

Phone:

Email:

Physical Address

Street:

City:

State:

Zip:

Mailing Address (If different from above)

Street:

City:

State:

Zip:

AUTHORIZED ORGANIZATION REPRESENTATIVE (AOR)

List the person who will be the main contact for any correspondence and is responsible for signing any documentation should the grant be awarded.

Name:

Title:

Phone:

Email:

Mailing Address

Street:

City:

State:

Zip:

DISTRESSED COMMUNITIES INDEX

Using the [Distressed Communities Index Map](#), provide the community distress score for the county(ies) benefiting from your project. Note: U.S. Territories are not required to submit Distressed Communities Index data.

County 1: [Click or tap here to enter text.](#)

Distress Score 1: [Click or tap here to enter text.](#)

County 2: [Click or tap here to enter text.](#)

Distress Score 2: [Click or tap here to enter text.](#)

Add additional lines as needed.

TYPE OF APPLICANT

Select applicant type:

- ☐ **Agricultural producers or processors**, or groups of agricultural producers and processors
- ☐ **For-profit entities** operating middle-of-the-supply-chain activities such as processing, aggregation, or distribution of targeted agricultural products, whose activities are primarily focused for the benefit of local and regional producers, and that meet the eligibility requirements of the SBA small business size standards are eligible. For more information on these size standards, please visit [SBA's Size Standards webpage](#). For a quick check on whether your business qualifies, please use the [Size Standards Tool](#).
- ☐ **Nonprofit organizations** operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products
- ☐ **Local government** entities operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products
- ☐ **Tribal governments** operating middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural products.
- ☐ **Institutions** such as schools, universities, or hospitals bringing producers together to establish cooperative or shared infrastructure or invest in equipment that will benefit multiple producers middle-of-the-supply-chain activities such as processing, aggregation, distribution of targeted agricultural product.

PROJECT TITLE

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

[Click or tap here to enter text.](#)

DURATION OF PROJECT

Project Start Date: [Start Date](#)

Project End Date: [End Date](#)

EXECUTIVE 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 Applicant to lead and execute the project,
2. The project's purpose, deliverables, and expected outcomes and
3. A description of the general tasks/activities to be completed during the project period to fulfill this goal.

[Click or tap here to enter text.](#)

PROJECT PURPOSE

APPLICANT PROJECT TYPE (EACH PROJECT MAY INCLUDE MORE THAN ONE)

- ☐ Expanding processing capacities, including adding product types, increasing production volumes, and supporting new wholesale/retail product lines;
- ☐ Modernizing equipment or facilities through upgrades, repairs, or retooling; (e.g., adapting product lines for institutional procurement or adding parallel processing capacity);
- ☐ Purchase and installation of specialized equipment, such as processing components, sorting equipment, packing and labeling equipment, or delivery vehicles;
- ☐ Modernizing manufacturing, tracking, storage, and information technology systems;
- ☐ Enhancing worker safety through adoption of new technologies or investment in equipment or facility improvements;
- ☐ Construction of a new facility;
- ☐ Increasing packaging and labeling capacities that meet compliance requirements under applicable laws (e.g. sealing, bagging, boxing, labeling, conveying, and product moving equipment);
- ☐ Increasing storage space, including cold storage;
- ☐ Develop, customize, or install climate-smart equipment that reduces greenhouse gas emissions, increases efficiency in water use, improves air and/or water quality, and/or meets one or more of USDA's climate action goals;
- ☐ Modernize equipment or facilities to ensure food safety, including associated Hazard, Analysis, and Critical Control Points (HACCP) consultation, plan development and employee training; and
- ☐ Training on the use of all equipment purchased under the grant and associated new processes.
- ☐ Other: [Click or tap here to enter text.](#)

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

[Click or tap here to enter text.](#)

PROVIDE A LIST OF THE OBJECTIVES THAT THIS PROJECT HOPES TO ACHIEVE

Objective 1: [Click or tap here to enter text.](#)

Objective 2: [Click or tap here to enter text.](#)

Objective 3: [Click or tap here to enter text.](#)

Add additional lines as needed.

PROJECT BENEFICIARIES (AS DEFINED IN THE PROGRAM SCOPE AND REQUIREMENTS)

Estimate the number of project beneficiaries: [Enter the Number of Beneficiaries](#)

Does this project directly benefit:

Underserved farmers and ranchers? **Yes** ☐ **No** ☐

New and beginning farmers and ranchers? **Yes** ☐ **No** ☐

Veteran producers? **Yes** ☐ **No** ☐

Processors or other middle-of-the-supply businesses owned by socially disadvantaged individuals? **Yes** ☐ **No** ☐

OTHER SUPPORT FROM FEDERAL OR STATE GRANT PROGRAMS

Has this project been submitted for funding to a Federal or State grant program other than the RFSI and/or is a Federal or State grant program other than the RFSI funding the project currently? **Yes** ☐ **No** ☐

If yes, please explain: [Click or tap here to enter text.](#)

EXTERNAL PROJECT SUPPORT

Describe the stakeholders who support the need for this project and why (other than the applicant and organizations involved in the project).

[Click or tap here to enter text.](#)

EXPECTED PERFORMANCE MEASURES

The outcomes and performance measures below provide a framework that allows grant recipients to track and evaluate project activities. Please provide expected numbers based on the projects scope of work. Select N/A if not applicable to the specific project.

OUTCOME 2: CAPACITY IN THE MIDDLE OF THE SUPPLY CHAIN FOR LOCAL/REGIONAL FOOD PRODUCTS

| Indicator | Description | Expected Numbers | N/A |
|-----------|--|------------------|-----|
| 2.1 | Number of new facilities constructed: | | |
| 2.2 | Number of existing facilities improved or expanded: | | |
| 2.3 | Number of processing equipment units purchased and installed: | | |
| 2.4 | Number of processing equipment units modernized through upgrades, repairs, or retooling: | | |
| 2.5 | Number of aggregation, storage, distribution equipment units purchased and installed: | | |
| 2.6 | Number of aggregation, storage, distribution equipment units modernized through upgrades, repairs, or retooling: | | |
| 2.7 | Number of employees trained on new equipment and processes: | | |
| 2.8 | Number of employees that received food safety training: | | |
| 2.9 | Number of employees that received worker safety training: | | |
| 2.1 | Number of new or improved wastewater management systems: | | |
| 2.11 | Number of new or improved information technology systems: | | |

OUTCOME 3: INCREASE ECONOMIC VIABILITY OF LOCAL/REGIONAL PRODUCERS AND PROCESSORS

| Indicator | Description | Expected Numbers | N/A |
|-----------|---|------------------|-----|
| 3.1 | Number of new jobs created: | | |
| 3.2 | Number of local/regional agricultural producers who benefited from the new or improved processing/aggregation/storage or distribution capacity: | | |

| Indicator | Description | Expected Numbers | N/A |
|-----------|---|------------------|-----|
| 3.3 | Number of new local/regional products processed, aggregated, stored or distributed: | | |
| 3.4 | Number of new value-added products developed: | | |
| 3.5 | Number of new market-outlets established: | | |

BUDGET NARRATIVE

The budget must show the total cost for the project and describe how category costs listed in the budget are derived. The budget justification must provide enough detail for reviewers to easily understand how costs were determined and how they relate to the Project Objectives and Expected Outcomes. The budget must show a relationship between work planned and performed to the costs incurred. Add additional rows to a table as needed. Refer to the Program Scope and Requirements section 4.4 for more information on allowable and unallowable expenses.

Please be sure to list and justify all expenses to be covered with matching funds separately and where they will be coming from. If applicable, ensure that you have included Critical Resources and Infrastructure letter(s) to support the application information.

MATCHING FUNDS

All eligible entities must provide a 50% match OR a 25% graduated match of the total project cost. See Section 1.5.3 of the Program Scope and Requirements for more information. Applicants must submit written and signed verification of match commitment from any party, including the eligible entity, who will contribute a match of non-Federal resources to this project.

SELF-CERTIFICATION FOR GRADUATED MATCH

To qualify for the 25% graduated match, the applicant must meet the definition of one of the following groups. See section 1.5.3 of the Program Scope and Requirements for definitions and additional information.

- ☐ Beginning Farmer or Rancher
- ☐ Veteran Farmer or Rancher
- ☐ Limited Resource Farmer or Rancher
- ☐ Socially Disadvantaged Farmer or Rancher
- ☐ Small Disadvantaged Business
- ☐ Women-Owned Small Business
- ☐ Historically Underserved Farmers and Ranchers

By checking this box, I certify that my entity qualifies for the graduated match reduction of 25%: ☐

BUDGET SUMMARY

| Expense Category | Funds Requested | Match Value | Match Type |
|------------------|-----------------|-------------|---|
| Personnel | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| Fringe Benefits | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| Travel | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| Equipment | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

| Expense Category | Funds Requested | Match Value | Match Type |
|------------------------|-----------------|-------------|---|
| Supplies | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| Construction | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| Contractual | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| Other | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| Direct Costs Sub-Total | | | |
| Indirect Costs | | | |
| Total Budget | | | |

PERSONNEL

List the personnel whose time and effort can be specifically identified and easily and accurately traced to project activities.

| # | Name/Title | Level of Effort (# of hours OR % FTE) | Funds Requested | Match Value | Match Type |
|---|------------|---|--------------------|----------------|---|
| 1 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 2 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 3 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Personnel Subtotal: [Click or tap here to enter text.](#)

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.

Line Item 1: [Click or tap here to enter text.](#)

Line Item 2: [Click or tap here to enter text.](#)

Line Item 3: [Click or tap here to enter text.](#)

Add additional lines as needed.

FRINGE BENEFITS

Provide the fringe benefit rates for each of the project's employees described in the Personnel section that will be paid with RFSI funds.

| # | Name/Title | Fringe Benefit Rate | Funds Requested | Match Value | Match Type |
|---|------------|------------------------|-----------------|-------------|---|
| 1 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 2 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 3 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Fringe Subtotal: [Click or tap here to enter text.](#)

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>.

| # | Trip Destination | Type of Expense (airfare, hotel, etc.) | Unit of Measure (nights, miles, etc.) | # of Units | Cost per Unit | # of Travelers Claiming Expense | Funds Requested | Match Value | Match Type |
|---|------------------|---|--|------------|---------------|---------------------------------|-----------------|-------------|---|
| 1 | | | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 2 | | | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 3 | | | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Travel Subtotal: [Click or tap here to enter text.](#)

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.

Line Item 1 (Approximate Date of Travel MM/YYYY): [Click or tap here to enter text.](#)

Line Item 2 (Approximate Date of Travel MM/YYYY): [Click or tap here to enter text.](#)

Line Item 3 (Approximate Date of Travel MM/YYYY): [Click or tap here to enter text.](#)

Add additional lines as needed.

CONFORMING WITH YOUR TRAVEL POLICY

By checking this box, 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.

Rental of "general purpose equipment" must also be described in this section. Purchase of general purpose equipment is not allowable under this award.

| # | Item Description | Rental or Purchase | Acquire When? | Funds Requested | Match Value | Match Type |
|---|------------------|--------------------|---------------|-----------------|-------------|---|
| 1 | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 2 | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 3 | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Equipment Subtotal: [Click or tap here to enter text.](#)

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.

Line Item 1: [Click or tap here to enter text.](#)

Line Item 2: [Click or tap here to enter text.](#)

Line Item 3: [Click or tap here to enter text.](#)

Add additional lines as needed.

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 supporting the middle of the food supply chain and infrastructure efforts of this cooperative agreement.

| # | Item Description | Per-Unit Cost | # of Units Purchased | Acquire When? | Funds Requested | Match Value | Match Type |
|---|------------------|---------------|----------------------|---------------|-----------------|-------------|---|
| 1 | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 2 | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 3 | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Supplies Subtotal: [Click or tap here to enter text.](#)

SUPPLIES JUSTIFICATION

Line Item 1: [Click or tap here to enter text.](#)

Line Item 2: [Click or tap here to enter text.](#)

Line Item 3: [Click or tap here to enter text.](#)

Add additional lines as needed.

CONSTRUCTION

Describe costs including administrative and legal expenses, structures, relocation expenses and payments, architectural and engineering fees, project inspection fees, site work, demolition and removal, construction, and miscellaneous expenses related to modernizing or expanding a new or existing facility.

| # | Description | Acquire When? | Funds Requested | Match Value | Match Type |
|---|-------------|---------------|-----------------|-------------|---|
| 1 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 2 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 3 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Construction Subtotal: [Click or tap here to enter text.](#)

CONSTRUCTION JUSTIFICATION

Describe the need for construction costs. For projects involving construction, include any design and construction documents. If you are selected for funding, the grantee will be required to follow all applicable federal regulations regarding the construction activities.

Line Item 1: [Click or tap here to enter text.](#)

Line Item 2: [Click or tap here to enter text.](#)

Line Item 3: [Click or tap here to enter text.](#)

Add additional lines as needed.

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. 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 | Match Value | Match Type |
|---|-------------------|-----------------------|-----------------|-------------|---|
| 1 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 2 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 3 | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Contractual/Consultant Subtotal: [Click or tap here to enter text.](#)

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, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses.

Line Item 1: [Click or tap here to enter text.](#)

Line Item 2: [Click or tap here to enter text.](#)

Line Item 3: [Click or tap here to enter text.](#)

Add additional lines as needed.

CONFORMING WITH CONTRACTOR PROCUREMENT STANDARDS

By checking this box, I confirm that my organization follows procurement standards that 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.

| # | Item Description | Per-Unit Cost | # of Units Purchased | Acquire When? | Funds Requested | Match Value | Match Type |
|---|------------------|---------------|----------------------|---------------|-----------------|-------------|---|
| 1 | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 2 | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |
| 3 | | | | | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Other Subtotal: [Click or tap here to enter text.](#)

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).

Line Item 1: [Click or tap here to enter text.](#)

Line Item 2: [Click or tap here to enter text.](#)

Line Item 3: [Click or tap here to enter text.](#)

Add additional lines as needed.

INDIRECT COSTS

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. If an applicant has a NICRA, it is required to use this amount, and a copy of the NICRA must be submitted with the application. Otherwise, applicants may elect to charge a de minimis rate of 10 percent of modified total direct costs (MTDC). See Program Scope and Requirements section 4.2 Indirect Costs for further guidance.

| Indirect Cost Rate (%) | Funds Requested | Match Value | Match Type |
|------------------------|-----------------|-------------|---|
| | | | Cash <input type="checkbox"/> In-Kind <input type="checkbox"/> |

Indirect Subtotal: [Click or tap here to enter text.](#)