|  |  |
| --- | --- |
| mk-od-32.docx 02/15 | |
|  | Wisconsin Department of Agriculture, Trade and Consumer Protection  Division of Agricultural Development  2811 Agriculture Drive, PO Box 8911, Madison, WI 53708-8911  Phone: (608) 224-5134 |
| Wisconsin Specialty Crop Block Grant Program 2020  ***APPLICATION COVER SHEET*** s. 93.06 (10), Wis. Stats. | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME OF APPLICANT | | | | | |
| CONTRACT SIGNER NAME | | | CONTRACT SIGNER TITLE | | |
| STREET ADDRESS | | | CITY | STATE | ZIP |
| PROJECT COORDINATOR | | | PROJECT COORDINATOR TITLE | | |
| BUSINESS PHONE:  ( ) - | E-MAIL OF PROJECT COORDINATOR | | | | |
| INDUSTRY SECTOR OR SPECIFIC SPECIALTY CROP TARGETED (e.g. Tree Fruit: Apples) | | | | | |
| Grant Request: $ | | DUNS #: | | | |

Certification: I certify to the best of my knowledge that the information in this application is true and correct and that I am legally authorized to sign and submit this application on behalf of this organization, which is legally eligible to enter into a grant contract.

|  |  |  |
| --- | --- | --- |
| AUTHORIZED SIGNATURE (typed or signed is acceptable) | TITLE | DATE |

Funding Priority Area Addressed: Check all that apply

Environmental sustainability, pest management, et al

Food safety development to comply with FSMA,

GAP/GHP

Increasing supply and demand of WI specialty crops

Industry innovation in production, processing & packaging

Education to increase production and sales of Specialty

crops

Project Activities: Check all that apply

Marketing promotion

Research

Education/training

Benefit to underserved

or beginning farmers

Other

|  |  |  |
| --- | --- | --- |
| FY20- Farm Bill Wisconsin Specialty Crop Block Grant Program  APPLICATION 16-01 Assessing varietal susceptibility and biological control of spotted wing drosophila in tart cherry16-01 Assessing varietal susceptibility and biological control of spotted wing drosophila in tart cherry | | |
| PROJECT TITLE | | |
|  | | |
| DURATION OF PROJECT | | |
| Start Date:  End Date: | | |
| PROJECT PARTNER AND SUMMARY – one sentence including:   1. The name of the applicant 2. A concise explanation of the project’s outcome(s), and 3. A description of the general tasks to be completed during the project period to fulfill this goal.   \*See RFP for example | | |
|  | | |
| **PROJECT PURPOSE** | | |
| Project Issue, Problem, or Need:  Project Objectives: | | |
| PROJECT BENEFICIARIES | | |
| **Estimate the number of project beneficiaries: …………………………………………………………………….**  **Does this project directly benefit socially disadvantaged farmers? Yes  No**  **Does this project directly benefit beginning farmers? Yes  No**  Elaborate on beneficiaries, especially if you checked *yes* in either box above. | | |
| STATEMENT OF SOLELY ENHANCING SPECIALTY CROPS | |
| By checking the box to the right, I confirm that this project **solely** enhances the competitiveness of **only** specialty  crops in accordance with and defined by [7 U.S.C. 1621](http://uscode.house.gov/view.xhtml?req=(title:7%20section:1621%20edition:prelim)%20OR%20(granuleid:USC-prelim-title7-section1621)&f=treesort&edition=prelim&num=0&jumpTo=true). Further information regarding the definition of a  specialty crop can be found at [www.ams.usda.gov/services/grants/scbgp](http://www.ams.usda.gov/services/grants/scbgp). | |
| PROJECT CONTINUATION INFORMATION: if your project is continuing the efforts of a previously funded SCBG, 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.  **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 PROJECT FUNDING | | | |
| 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 or will potentially receive funds from other sources, identify the funding and describe how your project differs from or supplements the other funded project or how you will modify this project or return funds for any duplicative efforts. | | | |
| EXTERNAL PROJECT SUPPORT | | | |
| What specialty crop stakeholders support this project and why? | | | |
| EXPECTED MEASURABLE OUTCOMES: Write each outcome and indicator(s) chosen below (see RFP for options). Explain how you will collect the required data to report on the outcome achievements | | | |
|  | | | |
| WORK PLAN | | |
| Project Activity | Who | Timeline |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| BUDGET SUMMARY | |
| Category | Grant Funds Requested | |
| PERSONNEL |  | |
| FRINGE BENEFITS |  | |
| EQUIPMENT RENTAL |  | |
| SUPPLIES |  | |
| TRAVEL |  | |
| CONTRACTUAL |  | |
| OTHER |  | |
| Total Project Costs |  | |

|  |
| --- |
| BUDGET NARRATIVE |

## PERSONNEL

List the organization’s employees 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** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Personnel Subtotal** |  |

### 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:**

**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** |  |

## TRAVEL

Explain the purpose for each Trip Request. Please note that travel costs are limited to mileage reimbursement following federal requirements for reimbursement rates**,** vehicle rental, or air far; in the case of air travel, project participants must use the lowest reasonable commercial airfares. Allowable travel costs may not exceed those established by the Federal Travel Regulation, issued by GSA. This information is available at <http://www.gsa.gov>. See the Request for Proposals for Allowable and Unallowable Travel expenses.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Trip Destination** | **Type of Expense (airfare, car rental, mileage)** | **Unit of Measure (days, miles)** | **# of Units** | **Cost per Unit** | **# of Travelers Claiming the Expense** | **Funds Requested** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Travel Subtotal** |  |

### 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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) as applicable. |  |

## EQUIPMENT RENTAL

Describe any equipment to be rented under the grant. Purchase of equipment is not allowable under this grant.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Item Description** | **Acquire When?** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Equipment Subtotal** |  |

### EQUIPMENT RENTAL JUSTIFICATION

For each Equipment Rental 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 Rental 1:**

**Equipment Rental 2:**

**Equipment Rental 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Supplies Subtotal** |  |

### 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. Provide estimated cost of services with appropriate justification.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |

|  |  |
| --- | --- |
| **Contractual/Consultant Subtotal** |  |

### 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 <http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2016/general-schedule/>), provide a justification for the expenses.

**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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#sg2.1.200_1316.sg3), 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.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Acquire When?** | **Funds Requested** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **Other Subtotal** |  |

### 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).

|  |  |
| --- | --- |
| ATTACHMENTS: Letters of Support - List names of those providing support letters | |
| Name | Business/Organization |
|  |  |
|  |  |
|  |  |
|  |  |

Personally identifiable information you provide may be used for purposes other than that for which it was collected. (s. 15.04 (1) (m), Wis. Stats.)