

Dairy Business Innovation Initiatives PROGRAM

PROJECT NARRATIVE FORM AND INSTRUCTIONS

This form is mandatory. Thoroughly review the 2023 Dairy Business Innovations (DBI) Initiatives Request for Applications (RFA) before completing this form. Upon completion, this form must be converted to PDF and attached to the Grants.gov application package using the “Project Narrative Attachment Form” on the application package.

1. **Applicant Organization -** *Must match box 8 of the SF-424. If the information for the question is identical to the initiative’s 2022 DBI application, check this box* [ ]  *and proceed to the next question.*

Name:

Email:

Phone:

Fax:

Mailing Address:

1. **Authorized Organization Representative (AOR) -** *This person will be the main contact for any correspondence and is responsible for signing any grant documentation. Must match box 21 of the SF-424. If the information for the question is identical to the initiative’s 2022 DBI application, check this box* [ ]  *and proceed to the next question.*

Name:

Email:

Phone:

Fax:

Mailing Address: [ ]  Check if same as above

1. **Project Title -** *Must match box 15 of the SF-424. If the information for the question is identical to the initiative’s 2022 DBI application, check the box* [ ]  *and proceed to the next question.*
2. **Requested DBI Initiative Funds -** *Insert the total amount ($) of Federal funds requested. See section 2.4 of the RFA for more information. This must match the total amount requested on the SF-424, Line 18a. In the following narrative sections, describe how these additional funds will build upon earlier work performed by the initiative.*

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# EXECUTIVE SUMMARY

In 250 words or less, briefly describe the project’s intended goal(s) with a description of how the goal(s) will be completed during the project period. This summary will be made available to the public.

# Alignment and Intent

Describe how this project will build upon previous initiative efforts to address specific issues, problems, or needs in relation to the statutory language of the program ([7 U.S.C. § 1632d](http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title7-section1632d&num=0&edition=prelim)), including plans to expand upon the original objectives of the initiative. Include any new data and/or estimates that describe the extent of the issue, problem, or need.

If this project includes new objectives, please provide them below, relating them directly to the issues or needs mentioned above. Add more lines as needed.

Objective 1:

Objective 2:

Describe the intended benefits (direct and indirect) for producers or food businesses resulting from the initiative’s activities, including the number of impacted producers and businesses.

# TECHNICAL MERIT

## Work Plan

Describe the activities, resources, and timeline associated with expansion efforts mentioned in the Alignment and Intent section. Include the following information: the planned activities (including technical assistance development and delivery, and how you plan to recruit participants); the anticipated completion date; required resources; milestone(s) for assessing progress; and who is responsible for completing the activity. Add more rows as needed

| Describe each planned activity*Include the scope of work and how it relates to the project objectives* | Anticipated Completion Date | Required Resources*For completion of each activity* | Milestones*For assessing progress of each activity* | Who will do the work?*Such as collaborative arrangements or subcontractors* |
| --- | --- | --- | --- | --- |
| Sample Activity 1 | October 20XX | Hire contractorTraining Space | Milestone 1: Complete XX assessmentMilestone 2: Conduct XX food safety workshops | ABC Best Contracting ServiceXYZ Company’s Executive Director |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# Achievability

*These outcomes and indicators are identical to previous DBI applications. Briefly describe how these additional funds will modify your expectations of both Indicator quantity and your ability to achieve the targets. Please describe any anticipated challenges to achieving targeted goals as a result of these additional funds, as well as possible mitigation strategies.*

## Outcome Indicators

*Complete all applicable project Outcomes and Indicators with baseline and/or estimated realistic target numbers.*

*Applicants must choose at least one Outcome and Indicator(s) from 1-3 and are strongly encouraged to select Outcome 4.*

### Outcome 1: Encourage the Use of Regional Milk Production.

| Indicator | Description | Estimated Number | N/A |
| --- | --- | --- | --- |
| 1.1 | Total number of partnerships and/or collaborations established between dairy producers/processors and local/regional supply networks \_\_\_. Of those established |  |[ ]
| 1.a. | The numbers formalized with written agreements (i.e., MOU’s, signed contracts, etc.) |  |[ ]
| 1.b. | The number of partnerships with underserved organizations |  |[ ]
| 1.c. | The number of partnerships with dairy cooperatives |  |[ ]
| 1.2 | Of the total number of partnerships and collaborations identified in 1.1, the number that reported |  |[ ]
| 1.2a | Expanded/improved local/regional dairy infrastructure |  |[ ]
| 1.2b | Higher profits |  |[ ]
| 1.2c | More efficient transportation |  |[ ]
| 1.2d | Improved marketing channels |  |[ ]
| 1.2e | Increased volume of local/regional milk used |  |[ ]
| 1.2f | And/or other mid-tier value chain enhancements |  |[ ]

### Outcome 2: Diversify and Expand Dairy Product Market Opportunities.

*If the initiative has established a baseline of sales or initial customer count through previous DBI activities, please use that baseline for your response to this Outcome.*

*For projects that do not already have a baseline of sales in dollars or an initial customer count, one of the objectives of the project must be to determine such a baseline to meet the requirement and to document the value of sales increases or percent change in customer count by the end of the project.*

| Indicator | Description | Estimated Number | N/A |
| --- | --- | --- | --- |
| 2.1 | Number of dairy businesses that implemented new marketing procedures\_\_\_. |  |  |
| 2.2 | Total number of existing market access points that established and/or expanded dairy product offerings\_\_\_. Of those, the number that were: |  |[ ]
| 2.2a | Farmers markets |  |  |
| 2.2b | Roadside stands |  |  |
| 2.2c | Agritourism |  |[ ]
| 2.2d | Grocery stores |  |[ ]
| 2.2e | Wholesale markets/buyers |  |[ ]
| 2.2f | Restaurants |  |[ ]
| 2.2g | Agricultural cooperatives |  |[ ]
| 2.2h | Retailers |  |[ ]
| 2.2i | Distributors |  |[ ]
| 2.2j | Food hubs |  |[ ]
| 2.2k | Shared-use kitchens |  |[ ]
| 2.2l | School food programs |  |[ ]
| 2.2m | Community-supported agriculture (CSAs) |  |[ ]
| 2.2n | Other |  |[ ]
| 2.3 | Total number of new market access points that established dairy product offerings\_\_\_. Of those, the number that were: |  |[ ]
| 2.3a | Farmers markets |  |[ ]
| 2.3b | Roadside stands |  |[ ]
| 2.3c | Agritourism |  |[ ]
| 2.3d | Grocery stores |  |[ ]
| 2.3e | Wholesale markets/buyers |  |[ ]
| 2.3f | Restaurants |  |[x]
| 2.3g | Agricultural cooperatives |  |[ ]
| 2.3h | Retailers |  |[ ]
| 2.3i | Distributors |  |[ ]
| 2.3j | Food hubs |  |[ ]
| 2.3k | Shared-use kitchens |  |[ ]
| 2.3l | School food programs |  |[ ]
| 2.3m | Community-supported agriculture (CSAs) |  |[ ]
| 2.3n | Other |  |[ ]
| 2.4 | Number of dairy businesses that increased dairy product sales by selling to new/additional market access points to meet increased demand |  |[ ]
| 2.5 | Number of market access points reporting increased sales of dairy products |  |[ ]

### Outcome 3: Promote Business Development that Diversifies Farmer Income Through Processing and Production Innovations.

*Please provide estimated target numbers.*

| Indicator | Description | Estimated Number | N/A |
| --- | --- | --- | --- |
| 3.1 | Number of dairy businesses that gained knowledge about dairy product development or dairy business improvement methods |  | [ ]  |
| 3.2 | Number of dairy businesses that implemented new or modified dairy processes or production methods |  | [ ]  |
| 3.3 | Number of dairy businesses that expanded their existing dairy product line |  | [ ]  |
| 3.4 | Number of dairy businesses that began producing dairy products |  | [ ]  |
| 3.5 | Number of dairy products created or enhanced |  | [ ]  |
| 3.6 | Number of dairy businesses that increased dairy product sales measured in: |  | [ ]  |
| 3.6a | Dollars |  | [ ]  |
| 3.6b | Percentage change, or |  | [ ]  |
| 3.6c | Combination of volume and average price |  | [ ]  |
| 3.7 | Number of dairy-related jobs |  | [ ]  |
| 3.7a | Created |  | [ ]  |
| 3.7b | Maintained |  | [ ]  |

### Outcome 4: (OPTIONAL – Please enter outcome language here)

*Initiatives are strongly encouraged to add at least one Outcome and Indicator(s) based on relevant initiative efforts not covered above. Creativity is highly encouraged, particularly regarding any metrics reflecting coordination, learning, and responsiveness to regional realities. Add more rows as needed.*

#### Project Specific Outcome Indicator(s)

| Indicator | Description | Estimated Number |
| --- | --- | --- |
| 4.1 |  |  |

## Distribution of Project Results

*Describe how you will distribute the project’s results (positive and negative) to similar organizations, stakeholders, and others that may be interested in the project’s results or implementing a similar project.*

# Expertise and Partners

## Key Staff (Applicant Personnel and External Partner/Collaborators)

*If the initiative does not plan to use a portion of the additional funds to add key staff or project partners, please check the box below and respond to “Project Management Plan”.*

[ ]

*If the initiative plans to use a portion of the additional funds to add key project staff or partners, please provide the information below, and* ***provide a one- to two-page resume or summary of relevant experience and/or qualifications for each of the participants listed.*** *Longer resumes or summaries will be disregarded. Initiatives must include Letters of Commitment from Partner and Collaborator Organizations to support the information (see section 3.2 in the RFA). Add additional rows as needed.*

| Key Staff*Staff Name, Title, Organization* | Project Role |
| --- | --- |
|  |  |
|  |  |
|  |  |

## Project Management Plan

Describe the impact that these additional funds will have on the initiative’s project management plan for coordinating, communicating, and sharing data and reports among members of the Project Team and stakeholder groups, both internally to personnel and externally to partners and collaborators.

# FISCAL PLAN AND RESOURCES

*Please complete the Budget and Justification below.*

# Budget and Justification

*The budget must show the total cost for the project and describe how category costs listed in the budget are determined. The budget justification must provide enough detail for AMS staff 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 section 4.5 of the RFA for more information on allowable and unallowable expenses.*

*A general line-item for “grants” may be provided under Contracts. The individual subaward budgets are not expected at the submission of this application; however, initiatives will be expected to provide a comprehensive plan detailing each project, associated outcomes, and applicable expenses in order to draw down on the funds associated with this line item.*

*Applicants must ensure that this information only accounts for ARP award funding and does not include costs associated with previous DBI awards.*

## Budget Summary

| Expense Category | Federal Funds |
| --- | --- |
| Personnel |  |
| Fringe Benefits |  |
| Travel |  |
| Equipment |  |
| Supplies |  |
| Contractual/Subawards |  |
| Other (specify) |  |
| Direct Costs Subtotal |  |
| Indirect Costs |  |
| Total Budget *(direct + indirect)* |  |

## Personnel

*List each person who has a substantive role in the project and the amount of the request and/ or the value of his or her match. Personnel costs should be reasonable for the services rendered, conform to the established written policy of your organization, and consistently applied to both Federal and non-Federal activities.*

| Name, Title | Justification for Requesting Funds | Level of Effort*(# of hours OR % FTE)* | Annual Salary Requested | Funds Requested |
| --- | --- | --- | --- | --- |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ |
|  |  |  | Year 1: $Year 2: $Year 3: $ | $ |

**Personnel Subtotal: $**

## Fringe Benefits

*Provide the fringe benefit rates for each of the project’s salaried employees listed above. The costs of fringe benefits should be reasonable and in line with established policies of your organization.*

| Name, Title | Fringe Benefit Rate | Funds Requested |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Fringe Benefits 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 Regulations, issued by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at* [*https://www.gsa.gov/*](https://www.gsa.gov/)*.*

| Trip Details *(Destination, Timing, Justification)* | Expense Type *(airfare, car rental, etc.)* | Unit of Measure *(days, miles, etc.)* | # of Units | Cost/Unit | # of Travelers |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Travel Subtotal: $**

[ ]  By checking this box, I affirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](https://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](https://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12), 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 grant.*

| Item # | Description and Funds Justification | Rental or Purchase? | Date Acquired? | Funds Requested |
| --- | --- | --- | --- | --- |
| 1 |  |  |  | $ |
| 2 |  |  |  | $ |
| 3 |  |  |  | $ |

**Equipment Subtotal: $**

## 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.*

| Description and Funds Justification | Cost/Unit | # of Units | Date Acquired? | Funds Requested |
| --- | --- | --- | --- | --- |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Supplies Subtotal: $**

## Contractual

*The Contractual section includes contractual, consultant, and subaward agreements that are part of the completion of the project. A subaward is an award provided by the non –federal entity to a subrecipient for the subrecipient to carry out part of a Federal award received by the non-federal entity. Contractual/consultant costs are 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 or subaward, each must be described separately. (List each contract/consultant/subaward separately.)*

| Type | Name/Organization and Funds Justification | Hourly/Flat Rate | Funds Requested |
| --- | --- | --- | --- |
| Contract [ ] Subaward [ ]  |  |  | $ |
| Contract [ ] Subaward [ ]  |  |  | $ |
| Contract [ ] Subaward [ ]  |  |  | $ |

**Contractual Subtotal: $**

[ ]  By checking this box, I affirm 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 §200.317 through §200.326](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200/subpart-D/subject-group-ECFR45ddd4419ad436d/section-200.317), as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that 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*.

| Description and Funds Justification | Cost/Unit | # Units/Pieces Purchased | Date Acquired? | Funds Requested |
| --- | --- | --- | --- | --- |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Other Subtotal: $**

## Indirect

*Indirect costs (also known as “facilities and administrative costs”—defined at* *[2 CFR §200.56](https://www.ecfr.gov/on/2017-01-03/title-2/subtitle-A/chapter-II/part-200/subpart-A/subject-group-ECFR2a6a0087862fd2c/section-200.56)) represent the expenses of doing business that are not readily identified with a particular grant, contract, or project function or activity, but are necessary for the general operation of the organization and the conduct of activities it performs. For additional information, refer to Section 4.7.1 of the RFA.*

| Indirect Cost Rate Requested (%) | Funds Requested |
| --- | --- |
|  | $ |

## Program Income

*Program income is gross income—earned by a recipient or subrecipient under a grant—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.*

| Income Source | Description of how income is reinvested | Funds Expected |
| --- | --- | --- |
|  |  | $ |
|  |  | $ |
|  |  | $ |

**Program Income Total: $**

# USDA’S Equal Opportunity STATEMENT

USDA is an equal opportunity provider, employer, and lender.

# Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995 ([44 U.S.C. 3501](https://www.govinfo.gov/content/pkg/BILLS-104s244enr/pdf/BILLS-104s244enr.pdf)), an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0240.The time required to complete this information collection is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.