

Bison Production and Marketing Grant Program

OPTIONAL PROJECT NARRATIVE TEMPLATE

Thoroughly review the Bison Production & Marketing Grant Program (BPMGP) RFA before completing this form. This optional form must be submitted as a PDF and attached to the application package in Grants.gov. Note: If you opt not to use this template, you should still answer each of the narrative questions found in the RFA, and it is advisable to use the same headers and sub headers found in this template.

# Applicant Information

Must match box 8 of the SF-424.

**Applicant Organization**: Enter the Applicant Organization’s Business Name

**Phone Number**: Enter the Applicant Organization’s Phone Number

**Email**: Enter the Applicant Organization’s Email

## authorized organizaton 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. Must match box 21 of the SF-424.

**Name**: Enter the AOR’s Name

**Email**: Enter the AOR’s Email

# Project Title

Provide a descriptive project title in 15 words or less in the space below. Must match box 15 of the SF-424.

# Funding Request

*Insert the total amount ($) of Federal funds requested. This must match the total amount requested on Line 18a. Estimated Federal Funding of the SF-424.*

**Total Funds Requested: $**

# Duration of Project (must match period of performance on 424 form)

**Start Date**: Start Date **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 description of your project purpose, facility needs and expected outcomes.

# alignment and intent

Clearly articulate the reasons for requesting the funds. Describe how the expenses will help you deliver measurable benefits for the bison industry, encourage partnerships among bison industry organizations and tribes, and reduce duplication of effort among participating organizations.

## provide a listing of objectives this project WILL Achieve

**Objective 1:**

**Objective 2:**

**Objective 3:**

## project beneficiaries

Describe your intended beneficiaries (individuals and or entities) and how they will benefit from your proposed activities. Your response should tie into your project objectives and include the number of beneficiaries you intend to reach.

# technical merit

## Work Plan and Timeline

See RFA section 1.4.3 for Project Definition to help complete this section of the application. Describe your management plan including who, will be leading, coordinating, and carrying out activities under this project. If your project includes sub awardees, describe in detail the activities and goals of each subaward. The workplan should be detailed, but succinct. See Section 5.2.4(3) of the RFA.

Provide a project timeline using the headings below. The task descriptions should provide a clear understanding of the major steps necessary to complete the project.

| **#** | **Task Description** | **Anticipated Start Date** | **Anticipated Completion Date** | **Resources Required to Complete Task** | **Milestone(s) for Assessing Progress and Success** | **Identify Who Will Complete the Task** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |

### have you submitted this project to another federal or State Grant Program?

Yes  No

# achievability

## OUTCOME(S) AND INDICATOR(S)

*Provide at least one measurable project outcome and associated indicator. If the outcome measures are long-term and occur after the project’s completion, identify an intermediate outcome that occurs before, and is expected to help lead to the fulfillment of long-term outcomes. See RFA for more information section 5.2.4 (4) for detailed guidance, including how to use Logic Model to develop program outcomes and indicators.*

# expertise and partners

List key staff, including applicant personnel and external project partners and collaborators that comprise the Project Team, their role, their relevant experience in developing and operating projects like those to be conducted under this project.

| **#** | **Name and Title of Key Staff** | **Role** | **Relevant Experience and Past Successes** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

# fiscal plan and resources

All expenses described in your Budget Narrative must be associated with expenses that will be needed to meet the basic regulatory requirements.

## Personnel

List the employees or positions identified in the proposal. See the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities for further guidance.

| **#** | **Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Personnel Subtotal (must match 424a form): $**

### Personnel Roles/Activities

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:**

**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 MPIRG funds.

| **#** | **Name/Title** | **Fringe Benefit Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Fringe Benefits Subtotal (must match 424a): $**

## Travel

Explain the purpose for each Trip Request. Please note that 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 the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities for further guidance.

| **#** | **Trip Destination and Purpose** | **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 |  |  |  |  |  |  |  |

**Travel Subtotal (must match 424a): $**

## 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 $10,000 per unit. See the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, for further guidance.

| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

**Equipment Subtotal (must match 424a): $**

### Equipment Justification

For each piece of Equipment listed in the table above, describe the need and 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:**

**Equipment 2:**

**Equipment 3:**

## Supplies

List the materials and supplies in the table. Describe how they will support the purpose and goal of the project. See Request for Applications section 4.3 Allowable and Unallowable Costs and Activities for further information.

Supplies Description:

| **#** | **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

**Supplies Subtotal (must match 424a): $**

## Contracts

Contractual costs are goods and services performed by a third-party for the grantee in support of the project. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)

### CONTRACTOR(S)/CONSULTANT(S)

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.

| **#** | **Entity Name and Description of Activities** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

**Contractor(s)/Consultant(s) Subtotal (must match 424a): $**

### Conforming with your Procurement Standards

*By checking this box, 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 (must match 424a): $**

## Indirect Costs

Indirect costs (also known as “facilities and administrative costs”—defined at [2 CFR §200.1](https://www.ecfr.gov/cgi-bin/text-idx?node=2:1.1.2.2.1&rgn=div5#se2.1.200_11)) 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 the indirect cost formula and additional information, refer to Section 4.2 of the RFA.

| **Indirect Cost Rate** | **Funds Requested** |
| --- | --- |
|  |  |

**Indirect Subtotal (must match 424a): $**

# affirmation and Certification

I affirm and certify the following:

1. The information submitted in this application, to the best of my knowledge, is true, correct, and complete and I hereby agree to comply with the requirements of the grant.
2. The applicant or owner(s) are not presently suspended, debarred, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any federal or state department or agency, or presently involved in any bankruptcy.
3. I understand that USDA-AMS will rely on the accuracy of the submittals and certifications made with this application. Any misrepresentation or inaccurate information may result in a determination of ineligibility and / or forfeiture of grant funds. I further understand I may be required to submit backup documentation proving the accuracy of my answers if I receive a grant.
4. I understand that I will need written accounting policies and procedures that meet the requirements associated with 2 CFR §200.302 before conducting award activities.
5. I understand that I will need written account of my organizations internal controls as required by 2 CFR §200.303 before conducting award activities
6. I understand that signing this document does not constitute an approved grant by the USDA-AMS.

I, undersigned, declare that I have reviewed the application and accompanying documentation, and to the best of my knowledge and information, it is true, correct, and complete and herby agree with the requirements of the program as specified above.

Persons making false, fictitious, or fraudulent statements or entries are subject to a $10,000.00 fine or imprisonment for not more than 5 years or both, as prescribed by 18 U.S.C 1001.

**Signature:**

**Date:**

# EQUAL OPPORTUNITY STATEMENT

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

# pAPERWORK BURDEN STATEMENT

According to the Paperwork Reduction Act, as amended, no persons are 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-XXXX. Public reporting burden for this collection of information is estimated to average 10 hours per response, including the time for reading and utilizing this document to prepare an application, reviewing which items are allowable, and understanding the terms and conditions of the grant award.