**United States Department of Agriculture**

**Rural Development**

**Rural Business-Cooperative Service**

Agriculture Innovation Center Program

**CLICK TO ENTER THE TITLE OF THE PROPOSED PROJECT**

Click to enter the name of the applicant

Click to enter the street address

Click to enter the city, Click to enter the state Click to enter the zip code

Click to enter the name of the contact person

Click to enter the contact’s email address

Click to enter the date submitted

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# EXECUTIVE SUMMARY

*(Note: Your text must not exceed one page.)*

Click to enter your Executive Summary here. Briefly describe your proposed Project, tasks to be completed, and other relevant information that provides a general overview of the Project.

# GOALS OF THE PROJECT

## Listing of Producer Services

*Identify which services your Center will be providing below. All services offered by the Center must fit into one of the following categories and must be provided directly to Agricultural Producers who are pursuing the development and/or marketing of a Value-Added Agricultural Product.*

Business development services, including feasibility studies, business plans, and other types of technical assistance and applied research that support business development.

Market development services, including marketing plans, branding, and customer identification.

Financial advisory services, including assistance with preparing financial statements, assessing financing options, and other types of financial guidance related to the development, expansion, or operation of a business.

Process development services, including engineering services, scale production assessments, systems development, and other technical assistance and applied research related to development, implementation, improvement, and operations of processes and systems to develop and market a Value-Added Agricultural Product.

Organizational assistance, including legal and technical advisory services related to the development, expansion, or operation of a business.

Value chain coordination, including assistance with connecting an Agricultural Producer to a distribution system, processing facility, or commercial kitchen.

Product development assistance (excluding R&D), including concept testing, feasibility and cost analysis, product taste-testing, demographic and other types of consumer analysis, production analysis, and evaluation of packaging and labeling options.

Grants of $5,000 or less to Agricultural Producers for any of the above services.

## Goals

*Identify one goal related to increasing and improving the ability of local agricultural producers to develop a market or process for Value-Added Agricultural Products.*

Click to enter your goal here.

*Identify any other goals of your project here.*

Click to enter other project goals here.

# WORK PLAN

See Scoring Criterion for Work Plan/Budget.

# BUDGET JUSTIFICATION

See Scoring Criterion for Work Plan/Budget.

# SCORING CRITERIA

## ABILITY TO DELIVER

*Note: Limited to three pages or less. Information in excess of three pages will not be evaluated.*

### Unique Abilities

Click to enter a description of the Center’s unique abilities to deliver Producer Services. Note that unique abilities are abilities that are not available through other organizations in the Center’s service area.

### Expected Sustainability of the Value-Added Ventures Supported by the Project

Click to enter a description of the expected sustainability of the Value-Added ventures that will be supported by the proposed project. Note that by sustainability, we mean that the venture assisted will generate wealthy (e.g. if the project adds retained earnings to the balance sheet, not just an increase in cash flow).

### Transferability of Abilities

Click to enter a description of how the abilities described above are transferable to different commodities.

### Plans to Accomplish Work

Click to enter a description of how the Center will accomplish its work. We recommend that you link the services you will provide to your project goals and explain how the results of the project will be measurable and attainable during the proposed project period.

## SUCCESSFUL TRACK RECORD

*Note: Limited to three pages or less. Information in excess of three pages will not be evaluated.*

| **Name of Beneficiary** | **Date Assisted** | **Description of Assistance**  *(include raw commodity & Value-Added Agricultural Product)* | **Outcome of Assistance**  *(provide quantifiable results)* | **Role of Applicant**  *(be specific – what did you do?)* |
| --- | --- | --- | --- | --- |
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## WORK PLAN/BUDGET

*Note: This section does not have a page limit.*

### Overview of Work Plan

Click to enter an overview of your work plan.

### Center Start-Up and Operation

*Center Operation Description*

Click to enter a description of the Center’s start-up and operation activities. The actions to be taken should include steps for identifying customers, hiring key personnel (if not already hired), contracting for services for the Center, and making arrangements for strategic alliances.

*Key Personnel Assigned to Center Operation*

Click to list the key personnel assigned to provide the Center’s operation.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Business Development Services

*Business Development Services Description*

Click to enter a description of the business development services the Center will provide. If no business development services will be provided, you can delete this section or leave it blank.

*Business Development Services Objective*

Click to enter the objective of the business development services that the Center will provide.

*Business Development Services Potential Outcomes*

Click to enter the potential outcomes of the business development services that the Center will provide.

*How Providing Business Development Services Connects to the Goals of the Project*

Click to describe how providing business development services connects to the goals of the project.

*Key Personnel Assigned to Business Development Services*

Click to list the key personnel assigned to provide business development services.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Market Development Services

*Market Development Services Description*

Click to enter a description of the market development services the Center will provide. If no market development services will be provided, you can delete this section or leave it blank.

*Market Development Services Objective*

Click to enter the objective of the market development services that the Center will provide.

*Market Development Services Potential Outcomes*

Click to enter the potential outcomes of the market development services that the Center will provide.

*How Providing Market Development Services Connects to the Goals of the Project*

Click to describe how providing market development services connects to the goals of the project.

*Key Personnel Assigned to Market Development Services*

Click to list the key personnel assigned to provide market development services.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Financial Advisory Services

*Financial Advisory Services Description*

Click to enter a description of the financial advisory services the Center will provide. If no financial advisory services will be provided, you can delete this section or leave it blank.

*Financial Advisory Services Objective*

Click to enter the objective of the financial advisory services that the Center will provide.

*Financial Advisory Services Potential Outcomes*

Click to enter the potential outcomes of the financial advisory services that the Center will provide.

*How Providing Financial Advisory Services Connects to the Goals of the Project*

Click to describe how providing financial advisory services connects to the goals of the project.

*Key Personnel Assigned to Financial Advisory Services*

Click to list the key personnel assigned to provide financial advisory services.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Process Development Services

*Process Development Services Description*

Click to enter a description of the process development services the Center will provide. If no process development services will be provided, you can delete this section or leave it blank.

*Process Development Services Objective*

Click to enter the objective of the process development services that the Center will provide.

*Process Development Services Potential Outcomes*

Click to enter the potential outcomes of the process development services that the Center will provide.

*How Providing Process Development Services Connects to the Goals of the Project*

Click to describe how providing process development services connects to the goals of the project.

*Key Personnel Assigned to Process Development Services*

Click to list the key personnel assigned to provide process development services.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Organizational Assistance

*Organizational Assistance Description*

Click to enter a description of the organizational assistance the Center will provide. If no organizational assistance will be provided, you can delete this section or leave it blank.

*Organizational Assistance Objective*

Click to enter the objective of the organizational assistance that the Center will provide.

*Organizational Assistance Potential Outcomes*

Click to enter the potential outcomes of the organizational assistance that the Center will provide.

*How Providing Organizational Assistance Connects to the Goals of the Project*

Click to describe how providing organizational assistance connects to the goals of the project.

*Key Personnel Assigned to Organizational Assistance*

Click to list the key personnel assigned to provide organizational assistance.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Value Chain Coordination

*Value Chain Coordination Description*

Click to enter a description of the value chain coordination that the Center will provide. If no value chain coordination will be provided, you can delete this section or leave it blank.

*Value Chain Coordination Objective*

Click to enter the objective of the value chain coordination that the Center will provide.

*Value Chain Coordination Potential Outcomes*

Click to enter the potential outcomes of the outreach assistance that the Center will provide.

*How Providing Value Chain Coordination Connects to the Goals of the Project*

Click to describe how providing value chain coordination connects to the goals of the project.

*Key Personnel Assigned to Value Chain Coordination*

Click to list the key personnel assigned to provide value chain coordination.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Product Development Services

*Product Development Services Description*

Click to enter a description of the product development services that the Center will provide. If no product development services will be provided, you can delete this section or leave it blank.

*Product Development Services Objective*

Click to enter the objective of the product development services that the Center will provide.

*Product Development Services Potential Outcomes*

Click to enter the potential outcomes of the product development services that the Center will provide.

*How Providing Outreach Assistance Connects to the Goals of the Project*

Click to describe how providing product development services connects to the goals of the project.

*Key Personnel Assigned to Outreach Assistance*

Click to list the key personnel assigned to provide outreach assistance.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Grants to Agricultural Producers

*Grants to Agricultural Producers Description*

Click to enter a description of the grants to Agricultural Producers that the Center will provide. If no grants to Agricultural Producers will be provided, you can delete this section or leave it blank.

*Grants to Agricultural Producers Objective*

Click to enter the objective of grants to Agricultural Producers that the Center will provide.

*Grants to Agricultural Producers Potential Outcomes*

Click to enter the potential outcomes of the grants to Agricultural Producers that the Center will provide.

*How Providing Grants to Agricultural Producers Connects to the Goals of the Project*

Click to describe how providing grants to Agricultural Producers connects to the goals of the project.

*Key Personnel Assigned to Grants to Agricultural Producers*

Click to list the key personnel assigned to provide grants to Agricultural Producers.

*Expected Time Frame for Accomplishment*

Click to identify the time frame for accomplishment of the task.

### Budget Justification

#### Budget Chart

|  |  |  |  |
| --- | --- | --- | --- |
| **Category of Expense** | **Award Amount** | **Matching Amount** | **Total** |
| Salaries and Wages |  |  |  |
| Fringe Benefits |  |  |  |
| Travel |  |  |  |
| Supplies |  |  |  |
| Contractual |  |  |  |
| Other |  |  |  |
| Total Direct Charges |  |  |  |
| Indirect Charges |  |  |  |
| Total Charges |  |  |  |
|  |  |  |  |
| Program Income | N/A |  |  |

##### Salaries and Wages Expenses Narrative

*List each employee who will be performing work for the project, including key personnel and administrative personnel, and the amount associated with the work. These costs should be reasonable for the services provided and conform to the established written policy of your organization. You can add as many rows as necessary to include all staff.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Name  Title | # of Hours or  % FTE | Amount by Year | Federal Amount | Match Amount | Total Amount |
| 1 | Name:  Title: |  | Y1: $  Y2: $  Y3: $ | $ | $ | $ |
| 2 | Name:  Title: |  | Y1: $  Y2: $  Y3: $ | $ | $ | $ |
| 3 | Name:  Title: |  | Y1: $  Y2: $  Y3: $ | $ | $ | $ |
| 4 | Name:  Title: |  | Y1: $  Y2: $  Y3: $ | $ | $ | $ |
| 5 | Name:  Title: |  | Y1: $  Y2: $  Y3: $ | $ | $ | $ |
| 6 | Name:  Title: |  | Y1: $  Y2: $  Y3: $ | $ | $ | $ |
|  | **SALARIES/WAGES TOTAL** |  |  | **$** | **$** | **$** |

##### Fringe Benefits Expenses Narrative

*Provide the fringe benefit rates for each of the project’s employees listed above. The costs of the fringe benefits should be reasonable and in accordance with established policies of your organization. You can add as many rows as necessary to include all staff.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Name/Title | Fringe Benefits Rate | Federal Amount | Match Amount | Total Amount |
| 1 | Name:  Title: |  | $ | $ | $ |
| 2 | Name:  Title: |  | $ | $ | $ |
| 3 | Name:  Title: |  | $ | $ | $ |
| 4 | Name:  Title: |  | $ | $ | $ |
| 5 | Name:  Title: |  | $ | $ | $ |
| 6 | Name:  Title: |  | $ | $ | $ |
|  | **FRINGE BENEFITS TOTAL** |  | **$** | **$** | **$** |

##### Travel Expenses Narrative

*Explain the purpose for each Trip Request. Note that travel costs are limited to those allowed by written procedures for your organization. In the case of air travel, project participants must use the lowest reasonable commercial airfares. For organizations that have no formal travel polity and commercial organizations, allowable travel costs may not exceed those established by the Federal Travel Regulations, issue by GSA, including the maximum per diem and subsistence rates prescribed in those regulations. This information is available at* [*www.gsa.gov*](http://www.gsa.gov)*. You may add as many rows as necessary to include all trips.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Trip # | Description | Name(s) of Travelers | Federal Amount | Match Amount | Total Amount |
| 1 | Destination:  Time Period:  Purpose: |  | $ | $ | $ |
| 2 | Destination:  Time Period:  Purpose: |  | $ | $ | $ |
| 3 | Destination:  Time Period:  Purpose: |  | $ | $ | $ |
| 4 | Destination:  Time Period:  Purpose: |  | $ | $ | $ |
| 5 | Destination:  Time Period:  Purpose: |  | $ | $ | $ |
| 6 | Destination:  Time Period:  Purpose: |  | $ | $ | $ |
|  | **TRAVEL TOTAL** |  | **$** | **$** | **$** |

##### Supplies Expenses Narrative

*List the items that cost less than $5,000 per unit and describe how they will support the project. You may add as many rows as necessary to include all supplies.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Item and Purpose | Cost per Unit | # of Units | Purchase Time Period | Federal Amount | Match Amount | Total Amount |
| Item:  Purpose: | $ |  |  | $ | $ | $ |
| Item:  Purpose: | $ |  |  | $ | $ | $ |
| Item:  Purpose: | $ |  |  | $ | $ | $ |
| Item:  Purpose: | $ |  |  | $ | $ | $ |
| Item:  Purpose: | $ |  |  | $ | $ | $ |
| Item:  Purpose: | $ |  |  | $ | $ | $ |
| **SUPPLIES TOTAL** |  |  |  | **$** | **$** | **$** |

##### Contractual Expenses Narrative

*This section includes all procurement contracts for things like materials, software, and consultants. It also includes subawards, which are the Grants to Producers. If there is more than one contractor/consultant, each must be described separately. The subawards can be listed as an aggregate amount with the purpose of the subawards. See the last line of the table below. You may add as many rows as necessary to include all contracts.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and Purpose | Hourly/Flat Rate | Federal Amount | Match Amount | Total Amount |
| Name:  Purpose: | $ | $ | $ | $ |
| Name:  Purpose: | $ | $ | $ | $ |
| Name:  Purpose: | $ | $ | $ | $ |
| Name:  Purpose: | $ | $ | $ | $ |
| Name:  Purpose: | $ | $ | $ | $ |
| Name: Grants to Agricultural Producers  Purpose: | N/A | $ | $ | $ |
| **TOTAL CONTRACTS** |  | **$** | **$** | **$** |

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 § 200.327, as applicable. If the contractor(s)/consultant(s) is/are not already selected, I affirm that my organization will follow the same requirements.

##### Other Expenses Narrative

*Include any direct expenses not covered in any of the previous budget categories. Examples of expenses that can be included in this section include meetings/conferences, communications, rental expenses, advertisements, publication costs, and data collection, if applicable and allowable. You may add as many rows as necessary to include all other expenses.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item and Purpose | Time Period | Federal Amount | Match Amount | Total Amount |
| Item:  Purpose: |  | $ | $ | $ |
| Item:  Purpose: |  | $ | $ | $ |
| Item:  Purpose: |  | $ | $ | $ |
| Item:  Purpose: |  | $ | $ | $ |
| Item:  Purpose: |  | $ | $ | $ |
| **OTHER EXPENSES TOTAL** |  | **$** | **$** | **$** |

##### Indirect Expenses Narrative

*If you have a Negotiated Indirect Cost Rate Approval (NICRA) from your cognizant agency, list the information below. If you do not have a NICRA, you may choose to charge all expenses as direct expenses identified in the categories above, or you can choose to use the de minimis rate, which is 10% of Modified Total Direct Costs. See 2 CFR § 200.414(f) for more information. If you choose the de minimis rate, fill in the chart below with 10% as the Indirect Cost Rate, MTDC as the Base, and include the amounts.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Indirect Cost Rate (%) | Base  (e.g. MTDC, Salaries & Fringe) | Federal Amount | Match Amount | Total Amount |
| % |  | $ | $ | $ |

##### Matching Funds Narrative

*List the sources, purpose, and amounts of matching funds below. This information must match Appendix F: Verification of Matching Funds. You may add as many rows as necessary to list all sources of Matching Funds.*

|  |  |  |
| --- | --- | --- |
| Source (Name of Organization) | Purpose | Amount |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **MATCHING FUNDS TOTAL** |  | **$** |

##### Program Income Narrative

Click to enter a description of how program income will be calculated and earned, if applicable. Note that if you are charging fees for services provided, you must address program income.

## QUALIFICATIONS OF KEY PERSONNEL

*(Note: The three-page limit is waived to allow all key personnel to be discussed below in the format provided. If this template is not used, the three-page limit applies and information in excess of three pages will not be evaluated. You may add as many Key Personnel as you wish to be evaluated on.)*

### Key Personnel 1: Click to insert name

*Description of relevant skills and abilities*

Click to enter the description

*Number of years of experience*

Click to enter the number of years of experience

*Number of times assistance was provided*

Click to enter the number of times assistance was provided

*Outcomes of assistance provided*

Click to enter the outcomes of the assistance provided

*Total hours contributed to the project*

Click to enter the total hours expected to be contributed to the Project

*Employer during the project (choose Center or Contractor)*

Center

Contractor

### Key Personnel 2: Click to insert name

*Description of relevant skills and abilities*

Click to enter the description

*Number of years of experience*

Click to enter the number of years of experience

*Number of times assistance was provided*

Click to enter the number of times assistance was provided

*Outcomes of assistance provided*

Click to enter the outcomes of the assistance provided

*Total hours contributed to the project*

Click to enter the total hours expected to be contributed to the Project

*Employer during the project (choose Center or Contractor)*

Center

Contractor

### Key Personnel 3: Click to insert name

*Description of relevant skills and abilities*

Click to enter the description

*Number of years of experience*

Click to enter the number of years of experience

*Number of times assistance was provided*

Click to enter the number of times assistance was provided

*Outcomes of assistance provided*

Click to enter the outcomes of the assistance provided

*Total hours contributed to the project*

Click to enter the total hours expected to be contributed to the Project

*Employer during the project (choose Center or Contractor)*

Center

Contractor

### Key Personnel 4: Click to insert name

*Description of relevant skills and abilities*

Click to enter the description

*Number of years of experience*

Click to enter the number of years of experience

*Number of times assistance was provided*

Click to enter the number of times assistance was provided

*Outcomes of assistance provided*

Click to enter the outcomes of the assistance provided

*Total hours contributed to the project*

Click to enter the total hours expected to be contributed to the Project

*Employer during the project (choose Center or Contractor)*

Center

Contractor

### Key Personnel 5: Click to insert name

*Description of relevant skills and abilities*

Click to enter the description

*Number of years of experience*

Click to enter the number of years of experience

*Number of times assistance was provided*

Click to enter the number of times assistance was provided

*Outcomes of assistance provided*

Click to enter the outcomes of the assistance provided

*Total hours contributed to the project*

Click to enter the total hours expected to be contributed to the Project

*Employer during the project (choose Center or Contractor)*

Center

Contractor

### Key Personnel 6: Click to enter name

*Description of relevant skills and abilities*

Click to enter the description

*Number of years of experience*

Click to enter the number of years of experience

*Number of times assistance was provided*

Click to enter the number of times assistance was provided

*Outcomes of assistance provided*

Click to enter the outcomes of the assistance provided

*Total hours contributed to the project*

Click to enter the total hours expected to be contributed to the Project

*Employer during the project (choose Center or Contractor)*

Center

Contractor

## LOCAL SUPPORT

List of supporting organizations

(Letters of Support are attached as separate files to the grants.gov submission.)

*Developmental Organization in the Service Area*

Click to add the name of the developmental organization

*State Institution*

Click to add the name of the State institution

*Tribal Institution*

Click to add the name of the Tribal institution

*Local Institution*

Click to add the name of the local institution

*Recognition of rural values*

Click to describe how the support listed above includes recognition of rural values that balances employment opportunities with environmental stewardship and other rural amenities.

## FUTURE SUPPORT

### Specific Plan for Obtaining Future Funding for the Center

Click to describe the plan for obtaining future funding for the Center.

### Diversification of Funding Sources

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Organization** | **Amount of**  **Funds Committed** | **Expected Time Period for Commitment** | **Purpose for which Funds Can Be Used** |
|  |  |  |  |
|  |  |  |  |
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### How In-House Capacity for Providing Technical Assistance Will Be Improved

Click to describe how in-house capacity for providing technical assistance will be improved.

# APPENDIX A: SF-424, “APPLICATION FOR FEDERAL ASSISTANCE”

(electronically submitted through Grants.gov)

# APPENDIX B: FORM SF-424A, “BUDGET INFORMATION—NON-CONSTRUCTION PROGRAMS”

(electronically submitted through Grants.gov)

# APPENDIX C: CERTIFICATION ON FEDERAL JUDGMENTS

*(Note: Make sure you fill in your organization’s name in the statement below.)*

[Click to insert the name of the applicant organization] certifies that the United States has not obtained an unsatisfied judgment against its property, is not delinquent on the payment of Federal income taxes, or any Federal debt, and will not use grant funds to pay any judgments obtained by the United States.

# APPENDIX D: CERTIFICATION ON LOBBYING

**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Name of Applicant: Click to enter the name of the applicant

Name of Authorized Representative: Click to enter the name of the authorized representative

Click to enter the date

Signature of Authorized Representative Date

# APPENDIX E: APPLICANT ELIGIBILITY

Choose one:

The applicant is a Local Government

The legal citation that authorizes the organization is: [Click to insert legal citation]. A copy of the text is attached as a separate file to the Grants.gov submission.

The applicant is a State Government

The legal citation that authorizes the organization is: [Click to insert legal citation]. A copy of the text is attached as a separate file to the Grants.gov submission.

The applicant is an Indian Tribe

The legal citation that authorizes the organization is: [Click to insert legal citation]. A copy of the text is attached as a separate file to the Grants.gov submission.

The applicant is a Nonprofit Organization

The organization’s Certificate of Good Standing and Articles of Incorporation are attached as separate files to the Grants.gov submission.

The applicant is a Commercial Organization (also known as For-Profit Corporations)

The organization’s Certificate of Good Standing and Articles of Incorporation are attached as separate files to the Grants.gov submission.

The applicant is an Institution of Higher Education

The legal citation that authorizes the organization is: [Click to insert legal citation]. A copy of the text is attached as a separate file to the Grants.gov submission.

# APPENDIX F: VERIFICATION OF MATCHING FUNDS

**AGRICULTURE INNOVATION CENTER PROGRAM**

**VERIFICATION OF MATCHING FUNDS**

For the purposes of carrying out the Work Plan identified in our application for the Agriculture Innovation Center Program, I verify the following information:

Legal Name of Applicant:

Proposed Start Date: Proposed End Date:

Total Project Cost: $ Matching Funds: $

As applicable, identify all sources, amounts, and uses of matching funds that your organization currently has available and committed to AIC project expenditures during the period of performance. **If funds are being provided by a third party, a letter signed by the authorized representative of the organization that identifies the amount, use of funds, and time period of availability is attached below or as a separate file to the Grants.gov submission.**

|  |  |  |
| --- | --- | --- |
| **Source of Funds** | **Amount** | **Use of Funds** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Our Board of Directors has formally resolved/confirmed the matching funds amount to be contributed by this organization on [DATE].

I/We do not need a resolution because it is not required by our governing body.

Click to enter the name of the authorized representative

Name of Authorized Representative

Click to enter the date

Signature of Authorized Representative Date

**AGRICULTURE INNOVATION CENTER PROGRAM**

**THIRD-PARTY VERIFICATION OF MATCHING FUNDS**

*(Note: All third-party organizations providing matching funds can use this template to provide verification. All sections enclosed by brackets [] plus the relevant tables must be filled in.)*

[Application Authorized Organizational Representative]

[Applicant Organization Address]

Dear [Application Authorized Organizational Representative]:

We commit to providing the following matching funds to the [Current Year] Agriculture Innovation Center Program application: [Project Title].

1. Cash in the total amount of $[Amount], which we will provide during the time period of [Month Day, Year] through [Month Day, Year].
   1. Funds will be used for [description of how funds will be used].
   2. We will provide the following amounts per year:

|  |  |
| --- | --- |
| Year | Amount |
| Year 1 |  |
| Year 2 |  |
| Year 3 |  |

1. In-kind contributions in the total amount of $[Amount], which we will provide during the time period of [Month Day, Year] through [Month Day, Year].
   1. Salaries and wages of staff time for the following employees:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Employee Name | Title | Description of Duties | Base Rate in $/hr or % FTE | Year 1  # of Hours  or $ Amt | Year 2  # of Hours  or $ Amt | Year 3  # of Hours  or $ Amt |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

* 1. Items with a total fair market value of $[Amount].

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Item | FMV/unit | How FMV determined | Year 1  Amount | Year 2  Amount | Year 3  Amount |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

Sincerely,

[Signature of Matching Organization Representative]

[Printed Name of Matching Organization Representative]

[Title]

# APPENDIX G: GOVERNANCE STRUCTURE OF THE CENTER

Click to describe the governance structure of the Center. In particular, you must address how the Center carries out personnel decisions, including hiring and firing employees and contractors; sets its policies and procedures, including personnel and procurement; develops and approves its budget; and selects its own Board of Directors. Note that Centers that do not demonstrate independent governance in this section are not eligible for funding.

# APPENDIX H: BOARD OF DIRECTORS

General Agricultural Organization (Most Members in the State)

**Name of Organization:** Click to enter the name of the organization

**Purpose of the Organization:** Click to describe the purpose of the organization

**Number of Members in the State:** Click to enter the number of members

**Name of Representative:** Click to enter the name of the representative

**How did you determine this organization has the most members in your State?**

Click to describe how you determined that the organization has the most members in your State

*Note: The Letter of Commitment signed by the Representative is attached as a separate file to the Grants.gov submission.*

General Agricultural Organization (Second Most Members in the State)

**Name of Organization:** Click to enter the name of the organization

**Purpose of the Organization:** Click to describe the purpose of the organization

**Number of Members in the State:** Click to enter the number of members

**Name of Representative:** Click to enter the name of the representative

**How did you determine this organization has the second most members in your State?**

Click to describe how you determined that the organization has the second most members in your State

*Note: The Letter of Commitment signed by the Representative is attached as a separate file to the Grants.gov submission.*

State Department of Agriculture OR State Legislator

**Name of Representative:** Click to enter the name of the representative

**Title and Job Responsibility OR District Represented:** Click to enter title and job responsibility if the representative is from the State Department of Agriculture OR district represented if the representative is a State Legislator

*Note: The Letter of Commitment signed by the Representative is attached as a separate file to the Grants.gov submission.*

Agricultural Commodity Organization 1

**Name of Organization:** Click to enter the name of the organization

**Commodity Represented:** Click to enter the commodity represented

**Name of Representative:** Click to enter the name of the representative

*Note the following:*

1. *The Letter of Commitment signed by the Representative is attached as a separate file to the Grants.gov submission.*
2. *Data from the State Department of Agriculture, or its equivalent, to demonstrate the commodity is produced in the State is attached as a separate file to the Grants.gov submission.*

Agricultural Commodity Organization 2

**Name of Organization:** Click to enter the name of the organization

**Commodity Represented:** Click to enter the commodity represented

**Name of Representative:** Click to enter the name of the representative

*Note the following:*

1. *The Letter of Commitment signed by the Representative is attached as a separate file to the Grants.gov submission.*
2. *Data from the State Department of Agriculture, or its equivalent, to demonstrate the commodity is produced in the State is attached as a separate file to the Grants.gov submission.*

Agricultural Commodity Organization 3

**Name of Organization:** Click to enter the name of the organization

**Commodity Represented:** Click to enter the commodity represented

**Name of Representative:** Click to enter the name of the representative

*Note the following:*

1. *The Letter of Commitment signed by the Representative is attached as a separate file to the Grants.gov submission.*
2. *Data from the State Department of Agriculture, or its equivalent, to demonstrate the commodity is produced in the State is attached as a separate file to the Grants.gov submission.*

Agricultural Commodity Organization 4

**Name of Organization:** Click to enter the name of the organization

**Commodity Represented:** Click to enter the name of the commodity represented

**Name of Representative:** Click to enter the name of the representative

*Note the following:*

1. *The Letter of Commitment signed by the Representative is attached as a separate file to the Grants.gov submission.*
2. *Data from the State Department of Agriculture, or its equivalent, to demonstrate the commodity is produced in the State is attached as a separate file to the Grants.gov submission.*

# APPENDIX I: EXISTING CAPABILITY TO PROVIDE SERVICES

## Narrative Description of Capability

Click to describe the applicant organization’s capability of providing Producer Services OR if the applicant does not have at least three years of experience, you must describe the key personnel’s capability of providing Producer Services. This narrative must include a description of the services provided, the role of the applicant or the key personnel in providing the service, how many times it has been provided, and the outcomes of the services provided (preferably with quantitative measurements). You can choose to provide the information in the chart below rather than in a narrative description in this section.

## Chart Summary of Capability

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of**  **Service Provided** | **Time Period**  **Provided** | **Role of Center**  **OR Key Personnel** | **Number of Times Provided** | **Outcomes of the**  **Services Provided** |
| Business Development |  |  |  |  |
| Market Development |  |  |  |  |
| Financial Advisory |  |  |  |  |
| Process Development |  |  |  |  |
| Organizational Assistance |  |  |  |  |
| Outreach Assistance |  |  |  |  |
| Product Development |  |  |  |  |
| Grants to Agricultural Producers |  |  |  |  |

# APPENDIX J: SUPPORT OF THE AGRICULTURAL COMMUNITY

List of supporting organizations

**Name of Agricultural Organization 1:** Click to enter the name of the organization

**Name of Agricultural Organization 2:** Click to enter the name of the organization

**Name of Agricultural Organization 3:** Click to enter the name of the organization

*Note: The Letters of Support are attached as separate files to the Grants.gov submission.*

# APPENDIX K: STRATEGIC COORDINATION AND ALLIANCES

*Describe arrangements, including significant coordination, in place or planned, with end users:*

Click to enter the description

*Describe arrangements, including strategic alliances, in place or planned, with entities that have technical research capabilities:*

Click to enter the description

*Describe broad support from the agricultural community in your State or region:*

Click to enter the description

*Describe your delivery plan for reaching out to the producer community:*

Click to enter the description

# APPENDIX L: FINANCIAL CAPABILITY

## End-of-Year Current Ratio

(from most recent audit)

Current Assets: Click to insert amount of current assets

Current Liabilities: Click to insert amount of current liabilities

Current Ratio: Click to insert current ratio

## End-of-Year Cash on Hand

(from most recent audit)

Amount of Cash on Hand: Click to insert amount of cash on hand at the end of the fiscal year

## Audit

The applicant organization’s most recent audit is attached as a separate file to the Grants.gov submission.