FY 2022

Non-Competitive Farm to School State Formula Grant Budget Template

# Important - FY 2022 Child Nutrition

# Non-Competitive Farm to School State Formula Grant

# Budget Template

* **The proposed budget for use of the State’s allocated formula grant funds must be submitted to FNS Regional Offices.**
* **All questions regarding the template and submission process should be referred to a State Agency’s respective FNS Regional Offices via the contacts listed below.**

| **FNS Regional Office** | **Point of Contact (email)** |
| --- | --- |
| Mid-Atlantic Regional Office | Howard.Lockstein@usda.gov  |
| Midwest Regional Office | Mike.Chambers@usda.gov  |
| Mountain Plains Regional Office | Cynthia.Archuleta@usda.gov  |
| Northeast Regional Office | Li.Liu@usda.gov |
| Southeast Regional Office | Izra.Brown@usda.gov  |
| Southwest Regional Office | Jeff.Wingate@usda.gov |
| Western Regional Office | Rebecca.Hobbs@usda.gov  |

## How to Use the Proposal Template

State agencies may copy and use the template as it appears, or set up their own format ***as long as responses to all items are numbered and addressed in the order listed in the template***. The template contains tips with scenarios and suggestions for the kind of content to include in the proposal when describing the requested elements. If using the template, first read and delete the tips/notes and then input your response. You may use (and expand as needed) the sample tables throughout. It is permissible to use the template for some items and your own format for others, as long as all items are numbered and addressed in the order listed.

Responses should be clear and concise with a suggested length not exceeding three-pages for the responses to the content of the narrative project proposal (responses to questions 1-3) and any attached explanations. The requested length **does not** include the two-page maximum budget narrative, required supporting documents (such as the SF-424, SF-424A, SF-424B), indirect cost agreement, other required Federal forms, and assurance statements.

FNS understands that your agency may not be able to fully address every element detailed in the template prior to submission of the budget. If an element is not addressed in your response, your narrative should explain why. **State agencies are encouraged to have an entry for every item.** For each element of the template, please do one of the following:

* Respond to the element;
* State that this element is not applicable and why; or
* If there is duplication with a previous answer(s), explain that the answer is included in the response to a previous item and give the referenced item and response number. However, be sure that you have provided sufficient information to fully respond to both items.

| **FY 2022 Child Nutrition Budget Template****Farm to School State Formula Grant** |
| --- |
| **Enter State Agency Contact Information** |
| **State Agency Name and Mailing Address**: | **Agency Administrator :** Name, Job Title & Contact Information (Telephone, Email, Fax) |
| **Project Contact:** Name, Job Title & Contact Information for State agency staff person(s) responsible for the project. |
| **Grant Purpose** |
| The purpose of this grant is to support state agency efforts to implement and expand farm to school activity among institutions participating in Child Nutrition Programs. Allowable activities must support one or both of the funding objectives: 1. To build and increase the capacity of participating institutions to procure and use local food in program meals; and/or
2. To provide agricultural education opportunities for participating children.

Only costs that are necessary, reasonable, and allowable under Child Nutrition Program rules and meet specific farm to school objectives will be allowed.  |
| 1. **Proposed Activities:**From the list below, ***mark*** ***all activities that apply*** to your State agency’s proposal, which may include planning and/or implementation activities:

Planning activities, such as:[ ]  Capacity building and coordination of local food procurement in child nutrition programs  (such as value chain coordination, grower/buyer matching tools, etc.);[ ]  Training and technical assistance for local producers and program operators conducting farm to school activities;[ ]  Local food promotional and educational activities for participating institutions and children (such as Harvest of the Month promotions or “crunches”); [ ]  Outreach to local producers or participating institutions not engaged in farm to school; [ ]  Directly fund State agency staff conducting farm to school activities;[ ]  Provide funds to partner organizations to conduct allowable activities, or to Child Nutrition Program participating institutions, through contracts, subgrants, or incentive payments;[ ]  Other. Please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Project Scope:** Enter a brief description of how the State agency will use the funds to address the objectives mentioned above and the metrics the State will use to evaluate progress.
 |
| **Project Budget Plan*****NOTE:*** *Requested funding must not exceed the allocated amount described in the allocation chart.* |
| 1. **Budget:**

Of the funds offered, does the State agency’s proposed budget include the use of:o ALL of the offered fundso PART of the offered funds (meaning the remainder will revert back to FNS)Include a narrative description of the Federal funds requested in SF-424A, including calculation stating how the funds requested were derived. Describe costs such as:* 1. State personnel and fringe benefits;
	2. Travel;
	3. Supplies
	4. Equipment;
	5. Contractual;
	6. Other (e.g., printing, software licenses); and
	7. Indirect. (If included, applicant must provide a copy of the approved IDC Agreement)

|  |  |  |
| --- | --- | --- |
| **1. PERSONNEL** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 1a. Title |  | Hourly wage x # hour |
| 1b. Title |  | Annual salary x FTE |
| 1c. Title |  |  |
| Personnel Total |  |  |
| **2. FRINGE BENEFITS** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 2a. PERSONNEL 1a. |  | Total salary x fringe % rate |
| 2b. PERSONNEL 1b. |  |  |
| 2c. PERSONNEL 1c. |  |  |
| Fringe Benefits Total |  |  |
| **3. TRAVEL** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 3a. Airfare |  |  |
| 3b. Mileage, @ $0.XXX / mi. |  |  |
| 3c. Lodging |  |  |
| 3d. Travel - Other |  |  |
| Travel Total |  |  |
| **4. SUPPLIES** (Less than or equal to a unit cost of $4,000. NOTE: Allowable costs are located at 2 CFR Part 200, Subpart E) | **TOTAL** | **NARRATIVE EXPLANATION** |
| 4a. Office supplies |  |  |
| 4b. Computer(s) |  |  |
| 4e. Supplies - Other |  |  |
| Supplies Total |  |  |
| **5. EQUIPMENT** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 5a. XXX |  |  |
| 5b. XXX |  |  |
| Equipment Total |  |  |
| **6. CONTRACTUAL** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 6a. Type/Name of contractor, service to provide, # hrs. / yr. @ $XXX / hr. |  |  |
| Contractual Total |  |  |
| **7. OTHER** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 7a. XXX |  |  |
| Other Total |  |  |
| **8. TOTAL COSTS** | **TOTAL** | **NARRATIVE EXPLANATION** |
| 8a. Total Direct Costs |  | [You will not need to write anything in this column] |
| 8b. Total Indirect Costs [or maximumAdministrative Costs % allowed] |  | calculation = total Direct costs x IDCrate |
| Total costs (Budget categories 8a + 8b) |  | [You will not need to write anything inthis column] |

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*OMB Burden Statement: The valid OMB control number for this information collection is 0584-0512. The estimated average time required to complete this information collection is 39 hours per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.  FNS plans to seek OMB approval of these reporting requirements associated with this form under control number 0584-0512 and will not request this information if these requirements are not approved at the time that the information would be due. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 1320 Braddock Place, 5th Floor, Alexandria, VA 22314 ATTN: PRA (0584-0512).  Do not return the completed form to this address.*