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| http://www.nda.nebraska.gov/images/template_images/nda_logo.pngPO Box 94947  Lincoln, NE 68509  (402) 471-4876  [www.nda.nebraska.gov](http://www.nda.nebraska.gov) |

**Specialty Crop Block Grant Program 2017 Concept Proposal**

**Submission deadline is March 1, 2017 Email to** [**casey.foster@nebraska.gov**](mailto:casey.foster@nebraska.gov)

**Save document as a Microsoft Word .docx file type extension**

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| ORGANIZATION/BUSINESS TYPE  Choose an item. | | | | | | | ORGANIZATION/BUSINESS NAME | | | | | | |
| ADDRESS | | | | | | | | | | | | | |
| CITY | | STATE | | | ZIP CODE | PHONE | | | EMAIL | | | | |
| DUNS NUMBER    Instructions as to how obtain a Data Universal Number System (DUNS) Number can be found at <http://bit.ly/dunsnumber> | | | | | | | | FEDERAL TAX ID NUMBER | | | | | |
| PROJECT TITLE | | | | | | | | REQUESTED GRANT AMOUNT | | | | | |
| PROJECT COORDIANTOR | | | | HAS THE ORGANIZATION PREVIOUSLY RECEIVED GRANT FUNDS THROUGH NDA?  Choose an item. | | | | | | | | HAS THE ORGANIZATION RECEIVED SCBGP FUNDS IN PREVIOUS YEARS?  Choose an item. | |
| BEGINNING OR SOCIALLY DISADVANTED FARMER OR RANCHER? Choose an item. | | | | | MULTI-STATE PARTNERSHIP?  Choose an item. | | | | | | | IF A MULTI-STATE PARTNERSHIP, NAME THE OTHER STATE(S) | |
| FUNDING AREA  Choose an item. | | | | | | | | | | | | | |
| PROJECT PURPOSE  In two or three paragraphs, identify the specific and existing issue, problem, or need the project will address, and explain why the proposal is important and timely for the specialty crop industry. If this project builds upon a prior-year project, describe how the project differs from, complements, or builds upon the previous work. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| DURATION OF PROJECT  All projects will begin no later than September 30, 2017, and end no later than September 29, 2020. There is no penalty if projects end prior to September 2020. | | | | | | | | | START DATE**:** **September 30, 2017**  END DATE**: September 29, 2020** | | | |
| EXPECTED MEASURABLE OUTCOMES  Proposals must result in at least one of eight outcomes as predetermined by USDA. Identify the outcome measure(s) the project will achieve and the indicator of success for each outcome. Outcomes are measurable changes in behavior or conditions that reflect a positive impact to the specialty crop industry. **Refer to the Outcome Measures listed on pages 7-12 of the Request for Concept Proposals document found at** [**http://www.nda.nebraska.gov/promotion/scbgp/index.html**](http://www.nda.nebraska.gov/promotion/scbgp/index.html). | | | | | | | | | | | | | |
| Choose an item.  Choose an item.  Choose an item. | | | | | | | | | | | | | |
| OUTCOME INDICATORS  Provide at least one indicator for each outcome and the related quantifiable results. If there are multiple outcomes and/or indicators, repeat this for each outcome/indicator. **Refer to the Outcome Indicators listed on pages 7-12 of the Request for Concept Proposals document found at** [**http://www.nda.nebraska.gov/promotion/scbgp/index.html**](http://www.nda.nebraska.gov/promotion/scbgp/index.html)**.** | | | | | | | | | | | | | |
| FOR example: **Outcome 2, Indicator 1.a.**  Of the 150 total number of children and youth reached, 132 will gain knowledge about eating more specialty crops.  **Outcome** Choose an item. Indicator Choose an item.    **Outcome** Choose an item. Indicator Choose an item.    **Outcome** Choose an item. Indicator Choose an item. | | | | | | | | | | | | | |
| EXPLANATION TO ACCOMPLISH PROJECT  Using the space provided below, explain how the data will be collected and how the project will accomplish the outcome(s) and the indicator(s) identified above. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| PROJECTED BUDGET  Complete the budget template. All budget items should solely support enhancing the competitiveness of specialty crops and correlate to the purpose of the project. Complete each budget category by entering the amount of grant funds budgeted for each category. The budget template includes limited space to provide a brief description of the costs or activities associated with each budget category. | | | | | | | | | | | | | |
| **Category** | | | **SCBGP** | | **Cash Match** | | **In-Kind Match** | | | | **Total** | | **Comments** |
| Personnel | | |  | |  | |  | | | | **$0.00** | |  |
| Fringe Benefits | | |  | |  | |  | | | | **$0.00** | |  |
| Travel | | |  | |  | |  | | | | **$0.00** | |  |
| Special Purpose Equipment | | |  | |  | |  | | | | **$0.00** | |  |
| Supplies | | |  | |  | |  | | | | **$0.00** | |  |
| Contractual | | |  | |  | |  | | | | **$0.00** | |  |
| Other | | |  | |  | |  | | | | **$0.00** | |  |
| Indirect Costs | | |  | |  | |  | | | | **$0.00** | |  |
| Total | | | **$0.00** | | **$0.00** | | **$0.00** | | | |  | |  |
| Program Income | | |  | |  | |  | | | |  | |  |