

Appendix D

Fiscal Year 2013

SPECIALTY CROP BLOCK GRANT – FARM BILL



**CONCEPT PROPOSAL
Application Form**

All projects are subject to availability of funding.

Project Coordinator:

APPLICANT DETAILS

Organization / Business Name:

Organization / Business Type:

- Agricultural Non-Profit/Commodity Associations
- Municipalities/Agricultural Commissions
- For-Profit/Producers
- College or University
- State Government

DUNS #:

Instructions as to how obtain a Data Universal Number System (DUNS) Number can be found at www.whitehouse.gov/omb/grants/duns_num_guide.pdf

Address:

Phone Number:

Fax Number:

Web Site Address:

E-mail Address:

Requested Grant Amount for the Entire Project:

Project Title:

Has the applicant received grant funds through the Connecticut Department of Agriculture in the past? No Yes, Please elaborate:

AREA OF FOCUS (check only one category)

Agricultural Education and Outreach

Nutrition Education and Consumption

Crop Research / Conservation

Good Agricultural Practices, Good Handling Practices, Good Manufacturing Practices

Enhancement of Food Safety / Food Security

Increasing Production and Consumption of Specialty Crops

Plant Pest and Disease Control

Organic and Sustainable Production Practices

Promotion / Marketing of Specialty Crops

Are you a Beginning Farmer (in operation 10 years or less) **or a Socially Disadvantaged Farmer?** No Yes

Is this a Multi-State Partnership? No Yes **If so, name the other state(s)?**

Project Purpose In one or two paragraphs, clearly state the specific issue, problem, interest, or need, and how your project will address it. Explain why your project is important and timely:

Estimated Timeline

Project start date: January, 1, 2014 (or later)
 Project completion deadline: September 30, 2016 (or earlier)

Start date:**End Date:**

Goals, Objectives, and Expected Measurable Outcomes Describe the overall goal(s) and objective(s) and describe at least one distinct, quantifiable, and measurable outcome that directly and meaningfully supports the project's purpose.

Preliminary Project Work Plan List the major tasks of the proposed project

Projected Budget Complete the below budget for the proposed project.

Category	SCBGP-FB	Cash	Total	Comments
Personnel				
Fringe Benefits				
Travel				
Equipment				
Supplies				
Contractual				
Other				
Indirect Charges				
Program Income				
Total				

When complete, e-mail this document to:

Jaime Smith, Marketing Rep and SCBG-FB Program Coordinator

Jaime.smith@ct.gov

By 4:30pm on April 30, 2013