

Specialty Crop Block Grant Program

2025 Proposal Application

As prepared by

Specialty Crop Block Grant Program
635 Capitol Street NE

Salem, OR 97301

503-986-6473

[oda.direct/scbgp](file://Users/OR0236423/Desktop/ODA%20Brand%20Templets/oda.direct/scbgp)

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this publication will be made available in alternate formats upon request.*

**2025 Specialty Crop Block Grant Program Project Application**

Prepared By:

The Oregon Department of Agriculture Market Access and Certification Specialty Crop Block Grant Program

1. Introduction

The Oregon Department of Agriculture (ODA) receives grant funding from the United States Department of Agriculture (USDA) to enhance the competitiveness of specialty crops. Specialty crops are defined as “fruits, vegetables, tree nuts, dried fruits, horticulture, and nursery crops (including floriculture).”

ODA Specialty Crop Block Grant Program (SCBGP) conducts an annual competitive application process to award grant funds. For acceptance ODA request participants follow the attached instructions for completing the SCBGP proposal application.

This document is composed of a required application cover page, the project application, required attachment A and required attachment B. In creating your application, please read through the sample version of an application in the program guidelines on our website. Found here.

<https://www.oregon.gov/ODA/programs/MarketAccess/SpecialtyCrop/Pages/SpecialtyCrop.aspx>

A video tutorial on how to apply as well as general program information can be found in the link below in the timeline section:

<https://www.oregon.gov/ODA/programs/MarketAccess/SpecialtyCrop/Pages/SpecialtyCrop.aspx>

Please contact the Oregon Specialty Crop Block Grant Program Coordinator, Gabrielle Ugalde; 503-986-6473; gabrielle.ugalde@oda.oregon.gov with any questions.

1. What you need to know:

##### Grant proposal requirements:

1. Cover Page – not included in total page limit
2. Project proposal 15- page or less preferred including budget
	1. Note – Do not remove sections if they do not apply to your project. All sections must be included for the application to be considered for funding.
3. Matching Funds Attachment (A) not included in total page limit
	1. Note – matching funds are not a requirement but highly encouraged.
4. Work Plan Attachment (B) not included in total page limit
5. Must be submitted in a word document with font size of 12 and will not be accepted in any other format.
	1. Note - If the application is submitted in PDF, the proposal may not be considered for funding.
6. Deadline for submission: Friday, January 31, 2025 • 12 pm (noon)
7. Letter(s) of support and/or participation from industry – limited to 5 letters. PDF preferred - Sending letters as a single PDF package is preferred.
	1. Note – Letters of support are not required but encouraged.

Submission

1. Please submit your proposal, and letters of support to the link below: https://files.oda.state.or.us/?login=SCBGP-appl
2. No email submission will be accepted.
3. Only applications where all required elements (section 2 of this document) are present will be considered for funding

**Deadline for submission: Friday, January 31, 2025 • 12 pm (noon)**

Contact Information for SCBGP:

Gabrielle Ugalde

Specialty Crop Block Grant Program Coordinator

Market Access & Certification

(503) 986-6473

(541) 913-3440

Gabrielle.ugalde@oda.oregon.gov

1. Cover Page

|  |  |
| --- | --- |
| Applicant Organization:  |  |
| Address: |  |
| City, State, Zip:  |   |
| Contact Name: |  |
| Phone: |  | Email: |  |
| Federal Tax ID: |  | UEI Number: |  |
| Higher Ed Only: Is your application approved by your grants office? | Yes [ ]  | No [ ]  |
| SCBGP Grant Request  | Cash Match  | In-Kind Match  | Total Project Cost |
| $ | $ | $ | $ |
| Commodities: Please list all the crops your project will impact.  |
| Fruits \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vegetables \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Tree Nuts \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Medicinal Herbs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Culinary Hers or Spices \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Nursery, Floriculture or Horticulture \_\_\_\_\_\_\_ |
| Check the main SCBGP funding priority as defined in <https://oda.direct/scbgp>  |
| [ ] Market Development and Access – International [ ] Market Development and Access – Local[ ] Cross Commodity Collaboration [ ] Food Safety and Traceability  | [ ] Address Regulatory Burden[ ] On-Farm Labor Needs [ ] Productivity Enhancement, Innovation, and Value Added  |
| In Ten (10) words or less – Project Title:  |
| Duration of Project:  | Start Date:  | End Date:  |
| October 1, 2025  | March 31, 2028  |
| List Project Partners:  |

1. Application

This is considered the start of your project proposal, a 15- page limit is enforced from her to the end of the budget with program income.

#### Project Partner and Summary

Include a project summary of 250 words or less suitable for dissemination to the public. A Project Summary provides a very brief (one sentence, if possible) description of your project. A Project Summary includes:

1. *The name of the applicant organization that if awarded a grant will establish an agreement or contractual relationship with the State Department of Agriculture to lead and execute the project,*
2. *The project’s purpose, deliverables, and expected outcomes and*
3. *A description of the general tasks/activities to be completed during the project period to fulfill this goal.*

|  |
| --- |
|  |

#### Project Purpose

*Provide the specific issue, problem or need that the project will address. This should be the longest section of your application describing all project activities in depth, who will complete them and when they will take place.*

|  |
| --- |
|  |

#### Provide a listing of the objectives that this project hopes to achieve

Include as many objectives as needed.

|  |  |
| --- | --- |
| Objective 1 |  |
| Objective 2 |  |
| Objective 3 |  |
| Objective 4 |  |
| Objective 5  |  |

#### Project Beneficiaries

|  |
| --- |
|  |

**Estimate the number of project beneficiaries**:

**Does this project directly benefit underserved farmers as defined in the RFA?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

**Does this project directly benefit beginning farmers as defined in the RFA?**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

#### Statement of Enhancing Specialty Crops

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that this project enhances the competitiveness of specialty crops in accordance with and defined by the Farm Bill. Further information regarding the definition of a specialty crop can be found at [www.ams.usda.gov/services/grants/scbgp.](http://www.ams.usda.gov/services/grants/scbgp) | [ ]  |

#### Continuing Project Information

Does this project continue the efforts of a previously funded SCBGP project?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

If you have selected “yes”, please address the following:

#### Describe how this project will differ from and build on the previous efforts

|  |
| --- |
|  |

#### Provide a summary (3-5 Sentences) of the outcomes of the previous efforts

|  |
| --- |
|  |

#### Provide Lessons Learned on Potential Project Improvements

*What was previously learned from implementing this project, indulging potential improvements?*

|  |
| --- |
|  |

*How are the lessons learned and improvements being incorporated into the project to make the ongoing project more effective and successful at meeting goals and outcomes?*

|  |
| --- |
|  |

#### Describe the likelihood of the project becoming self-sustaining and bot indefinitely dependent on grant funds.

|  |
| --- |
|  |

#### Other Support from Federal or State Grant Programs

The SCBGP will not fund duplicative projects. Did you submit this project to a Federal or State grant program other than the SCBGP for funding and/or is a Federal or State grant program other than the SCBGP funding the project currently?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes | [ ]  | No | [ ]  |

#### If your project is receiving or will potentially receive funds from another federal or state grant program.

Identify the Federal or State grant program(s).

|  |
| --- |
|  |

Describe how the SCBGP project differs from or supplements the other grant program(s) efforts.

|  |
| --- |
|  |

Describe the specialty crop stakeholders who support this project and why (other than the applicant and organizations involved in the project).

|  |
| --- |
|  |

#### External Project Support

Describe the specialty crop stakeholders who support this project and why (other than the applicant and organizations involved in the project).

|  |
| --- |
|  |

#### Expected Measurable Outcomes

#### Select the Appropriate Outcome(s) and Indicator(s) / Sum-Indicator(s)

*You must choose at least one of the seven outcomes listed in the* [*SCBGP Performance Measures,*](https://www.ams.usda.gov/sites/default/files/media/SCBGPPerformanceMeasures.pdf) *which were approved by the Office of Management and Budget (OMB) to evaluate the performance of the SCBGP on a national level.*

#### Outcome Measures

Select the outcome measure(s) that are applicable for this project from the listing below.

[ ]  **Outcome 1:** Increasing Consumption and Consumer Purchasing of Specialty Crops

[ ]  **Outcome 2**: Increasing Access to Specialty Crops and Expanding Specialty Crop Production and Distribution

[ ]  **Outcome 3**: Increase Food Safety Knowledge and Processes

[ ]  **Outcome 4**: Improve Pest and Disease Control Processes

[ ]  **Outcome 5**: Develop New Seed Varieties and Specialty Crops

[ ]  **Outcome 6**: Expand Specialty Crop Research and Development

[ ]  **Outcome 7**: Improve Environmental Sustainability of Specialty Crops

#### Outcome Indicator(s)

Provide at least one indicator listed in the [SCBGP Performance Measures](https://www.ams.usda.gov/sites/default/files/media/SCBGPPerformanceMeasures.pdf) and the related quantifiable result. If you have multiple outcomes and/or indicators, repeat this for each outcome/indicator.

|  |  |  |  |
| --- | --- | --- | --- |
| Outcome | Indicator  | Indicator Description  | Value  |
| 1 | 1.1A | Total number of consumers who gained knowledge about specialty crops – Adults  | 132 |

Add more lines as needed:

|  |  |  |  |
| --- | --- | --- | --- |
| Outcome | Indicator | Indicator Description  | Value  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

#### Miscellaneous Outcome Measure

In the unlikely event that the outcomes and indicators above the selected outcomes are not relevant to your project, you must develop a project-specific outcome(s) and indicator(s) which will be subject to approval by AMS.

|  |
| --- |
|  |

#### Data Collection to Report on Outcomes and Indicators

Explain how you will collect the required data to report on the outcomes and indicators in the space below.

|  |
| --- |
|  |

#### Budget Narrative

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the SCBGP. If any matching funds will be used and a description of their use is required by the State department of agriculture, the expenses to be covered with matching funds must be described separately. Applicants should review the Request for Applications section 4.0 Funding Considerations prior to developing their budget narrative.

#### Budget Summary

|  |  |
| --- | --- |
| **Expense Category** | **Funds Requested** |
| **Personnel** |  |
| **Fringe Benefits** |  |
| **Travel** |  |
| **Equipment** |  |
| **Supplies** |  |
| **Contractual** |  |
| **Other** |  |
| **Total Budget** | $ 0.00 |

#### Personnel Budget

List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities that enhance the competitiveness of specialty crops. See the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Salaries and Wages, and Presenting Direct and Indirect Costs Consistently under section 4.7.1 for further guidance. Fill personnel information in space below as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Personnel Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| Personnel Total  |  |

#### Personnel Justification

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.

### **Example:** Personnel 1: Description and justification

### Personnel 2: Description and justification

|  |
| --- |
|  |

#### 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 SCBGP funds.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Fringe Benefits Name/Title** | **Fringe Benefit Rate** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| Fringe Total  |  |

#### Travel Budget

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy; in the case of air travel, project participants must use the lowest reasonable commercial airfares. For recipient organizations that have no formal travel policy and for-profit recipients, allowable 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.](http://www.gsa.gov/) See the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Travel, and Foreign Travel for further guidance.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **#** | **Trip Destination** | **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 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| Travel Total  |  |

#### Travel Justification

For each trip listed in the above table, describe the purpose of this trip and how it will achieve the objectives and outcomes of the project. Be sure to include approximately when the trip will occur. Add more trips by copying and pasting the existing listing or delete trips that aren’t necessary.

**Example:** Trip 1: (Approximate Date of Travel MM/YYYY),

Justification Trip 2: (Approximate Date of Travel MM/YYYY)

|  |
| --- |
|  |
| By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML&se2.1.200_1474) or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5&sp48.1.31.31_12) as applicable. | [ ]  |

#### Equipment Budget

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 $5,000 per unit and is used only for research, medical, scientific, or other technical activities. See the Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Equipment - Special Purpose for further guidance

Rental of "general purpose equipment’’ must also be described in this section. Purchase of general purpose equipment is not allowable under this grant. See Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Equipment - General Purpose for definition, and Rental or Lease Costs of Buildings, Vehicles, Land and Equipment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **#** | **Equipment Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| Equipment Total  |  |

#### Equipment Justification

*For each Equipment item listed in the above table describe 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.*

### **Example:** Equipment 1: Description and justification

### Equipment 2: Description and justification

|  |
| --- |
|  |

#### Supply Budget

List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the proposal and enhance the competitiveness of specialty crops. See Request for Applications section

4.3 Allowable and Unallowable Costs and Activities, Supplies and Materials, Including Costs of Computing Devices for further information.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Supplies Item Description** | **Per-Unit Cost** | **# of Units/Pieces****Purchased** | **Acquire Date?** | **Funds Requested** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| Supplies Total  |  |

#### Supplies Justification

Describe the purpose of each supply listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).

### **Example:** Supply 1: Description and justification

### Supply 2: Description and justification

|  |
| --- |
|  |

#### Contractual/Consultant Budget

Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately. (Repeat this section for each contract/consultant.)

#### Itemized List of Contractual/Consultant

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.

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Contractual Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| Contractors Total  |  |

#### Contractual Justification

Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area, provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses. See Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Contractual and Consultant Costs for acceptable justifications.

**Example:** Contractual 1: Description and justification

Contractual 2: Description and justification

|  |
| --- |
|  |

#### Confirming with your procurement standards

|  |  |
| --- | --- |
| By checking the box to the right, 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](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML&sg2.1.200_1316.sg3) [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 Budget

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.

If you budget meal costs for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs. See Request for Applications section 4.3 Allowable and Unallowable Costs and Activities, Meals for further guidance.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **#** | **Other Item Description** | **Per- Unit****Cost** | **Number of Units** | **Acquire Date?** | **Funds Requested** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| Other Items Total  |  |

#### Other Justification

Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).

### **Example:** Other 1: Description and justification

### Other 2: Description and justification

|  |
| --- |
|  |

#### Program Income

Program income is gross income—earned by a recipient or subrecipient under a grant—directly generated by the grant- supported activity or earned only because of the grant agreement during the grant period of performance. Program income includes, but is not limited to, income from fees for services performed; the sale of commodities or items fabricated under an award (this includes items sold at cost if the cost of producing the item was funded in whole or partially with grant funds); registration fees for conferences, etc.

|  |  |  |
| --- | --- | --- |
| **Source/Nature of Program Income** | **Description of how you will reinvest the program income into the project to enhance the competitiveness of specialty crops** | **Estimated Income** |
|  |  |  |
|  |  |  |
| Program Income  |  |

1. Matching Funds - Attachment A

|  |  |  |
| --- | --- | --- |
|  | **Match summary**  |  |
| **Expense Category**  | **Cash Match**  | **In-kind Match**  |
| **Personnel**  |   |   |
| **Fringe**  |   |   |
| **Travel**  |   |   |
| **Equipment**  |   |   |
| **Supplies**  |   |   |
| **Contractual**  |   |   |
| **Other**  |   |   |
| **Subtotal** |  |  |

|  |  |
| --- | --- |
| Total Match  |   |

Personnel –

|  |  |  |
| --- | --- | --- |
| Name/Title  | Level of Effort (# of hours OR % FTE)  | Funds |
|   |   |   |

|  |  |
| --- | --- |
| Personnel Subtotal  |   |

Fringe Benefits –

|  |  |  |
| --- | --- | --- |
| Name/Title  | Fringe Benefit Rate  | Funds |
|   |   |   |
|  |  |  |

|  |  |
| --- | --- |
| Fringe Subtotal  |   |

Travel -

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Trip Destination  | Purpose of the Trip  | Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)  | Unit of Measure (days, nights, miles)  | Number of Units  | Cost per Unit  | Number of Travelers Claiming the Expense  | Funds  |
|   |   |   |   |   |   |   |   |
|  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| Travel Subtotal  |   |

Equipment –

|  |  |  |  |
| --- | --- | --- | --- |
| Item Description  | Justification  | Rental or Purchase And when?  | Funds  |
|   |   |   |   |
|  |  |  |  |

|  |  |
| --- | --- |
| Equipment Subtotal  |   |

Supplies –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Description  | Justification for Supplies  | Per-Unit Cost  | Number of Units/Pieces Purchased  | Funds |
|   |   |   |   |   |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Supplies Subtotal  |   |

Contractual/Consultant:

|  |  |  |  |
| --- | --- | --- | --- |
| **#** | **Contractual Name/Organization** | **Hourly Rate/Flat Rate** | **Funds**  |
| 1 |  |  |  |
| 2 |  |  |  |

|  |  |
| --- | --- |
| Contractual Subtotal  |   |

Other –

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item Description  | Justification of the Expense  | Per-Unit Cost  | Number of Units  | Funds  |
|   |   |   |   |   |
|  |  |  |  |  |

|  |  |
| --- | --- |
| Other Subtotal  |   |

1. Work Plan - Attachment B

Add lines as needed.

|  |  |  |
| --- | --- | --- |
| Project activity:  | Who is responsible?  | When:  |
| Project Activity Describe the project activities that are necessary to accomplish the objectives. Make sure you include your performance monitoring/data collection activities.  | Who will do the work? Indicate the project participants who will do the work of each activity, including subrecipients, and/or contractors. If you request grant funds for personnel and contractors, you must include them in the work plan to demonstrate the requested funding is warranted. If you request funds for travel, these activities must also be included.  | When will the activity be accomplished? Include a timeline that indicates when each activity will occur (at least month and year) and beginning and end dates for the project. Make sure the work plan timeline shows that the project will be completed within the allowable grant period.   |
|   |   |   |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |