



WILTON SIMPSON
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Marketing and Development

**SPECIALTY CROP BLOCK GRANT PROGRAM
APPLICATION**

Applicant Information

Organization Name: _____

DUNS Number: _____

Project Manager / Principal Investigator

The project manager is the person responsible for execution of the scope of work.

Name: _____ Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Contract Manager

The contract manager is the person responsible for administrative management of the project.

Name: _____ Phone: _____ Email: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Project Information

Project Title: _____

Short Title (5 or fewer words): _____

Project Type: _____ Start Date: _____ End Date: _____

Project Summary

Please describe the proposed project in a summary 250 words or fewer in length and suitable for dissemination to the public.

Project Purpose

This section should answer the following questions:

- Why is this project important and timely?
- What are the objectives of the project?
- If the project was funded previously by the Specialty Crop Block Grant Program or another federal program, how does this project build upon the previous work without duplicating it?
- How will this project become self-sustaining and not indefinitely dependent upon grant funds?
- Does the proposed project fit within the guidelines of the SCBGP? Has the proposal been submitted to other programs for funding consideration?

External Support

This section should answer the following questions:

- What producer, industry, or other stakeholder groups support this project?
- Which producer, industry, or other stakeholder groups have been included as partners or consulted in developing this proposal? What will their roles be in the execution of the project?
- Does the project meet any of the identified state priorities for the program? If so, which priorities, and how will the project advance these goals?

Work Plan

Please provide a broad list of tasks to be completed as part of the project. Include information on who will complete each task and approximate start and completion dates for each task. What are the potential obstacles for the project, and how will these be overcome if and when they arise? How will the success of the project be measured?

Project Budget

Please list the total amount of funding requested for each category. Include only funds requested from SCBGP funds. Matching funds or in-kind contributions should not be included.

Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual	
Other / Miscellaneous	
Total Direct Costs	
Indirect Costs (5.5% maximum of direct costs)	
Total Direct and Indirect Costs	

Budget Narrative

Please give a breakdown of costs included in this proposal. Include the purpose of the item, position, trip, etc., approximate date of purchase, number of full-time equivalents (FTE) for personnel, and any other relevant information which will help evaluators determine that the cost is allowable, reasonable, and necessary for the performance of the work proposed.