FY 22 Local food Purchase Assistance (LFPA) Grant

Project Narrative Template

# INSTRUCTIONS

1. This project narrative should describe how you will fulfill the goals and objectives of your project and provide key details on the execution, budget, and project workplan.
2. To maintain the formatting of this template if copying and pasting text from another source, right-click and select “Keep Text Only” under “Paste Options.”
3. Times New Roman, 12 pt font. 16 pages max total
4. Save your project profile with the filename [Organization]\_CTLFPA\_Project Narrative.

The complete project narrative should be uploaded to your application in Salesforceas a Microsoft Word document (.doc or .docx) or as a PDF along with any letters from community partners, documentation of producer interest, and any quotes/estimates needed.

# Project Requirements

By checking this box, you agree that at least **80%** of farm products purchased must be grown in Connecticut (**CT Grown**). The **remaining 20%**may be sourced from up to 400 miles from the point of distribution per the USDA definition of local in the RFA. Value-added (pickles, jams, honey, maple syrup, etc.) minimally processed products (frozen and/or cut/chopped,) and prepared meals that are produced in CT and contain predominantly CT Grown ingredients are allowable.   

**Yes** ☐

By checking this box, you agree to distribute multilingual outreach information that will be provided by CT DoAg on state and federal nutrition assistance programs to recipients of food procured through this program.

**Yes** ☐

# Introduction

Introduce the applicant(s) to the reviewers. Include at least the following information:

1. Describe the population that you serve overall and who will specifically benefit from this project. Please include information about target populations such as general demographics, income and/or specific age ranges, and other characteristics.
2. Describe any past and current experience procuring from local producers and food vendors, in particular small producers/vendors.

# Project Explanation

Explain in detail the project proposal from procurement through distribution, including details of community partners you will work with. Please include details of what the project will accomplish and how it will be accomplished.

# Community Support for project

Please describe how members of the community have provided input and helped shape the concepts included in your proposal.

# Project beneficiaries

## Project Beneficiaries for producers/vendors

**Estimate the number of producers/vendors who will directly benefit from this project**:

**Does this project directly benefit socially disadvantaged farmers/vendors?**

**Yes**  ☐ **No** ☐

**Does this project directly benefit small farmers/food businesses? Yes** ☐ **No** ☐

If you indicated “Yes” to either/both of the questions above, please explain and indicate what percentage of your food costs you will strive to go towards socially disadvantaged and small farms/food businesses.

## Project Beneficiaries for Distribution

**Estimate the number of project beneficiaries (i.e. households, individuals, etc.) who will receive food products through this project**:

|  |  |
| --- | --- |
| Financial management How will you ensure producers/vendors are paid in a timely manner?  Please explain your financial capabilities and how you plan to communicate, order, and pay producers/vendors. |  |

# Project OUtcomes

Please briefly identify the project tasks that you will undertake to meet the stated objectives. Identify at least one project outcome that you will achieve as a result of completing this project and associated tasks. In the next section “work plan” you will identify which outcome each project tasks meets.

**Outcome 1: Strengthen the local and regional food system and support local and socially disadvantaged farmers/producers through building and expanding economic opportunities.**

**Outcome 2: Establish and broaden partnerships with farmers/producers and the food distribution community to ensure distribution of fresh, nutritious and culturally relevant foods to underserved communities.**

**Outcome 3: Create new, sustainable market opportunities for local producers and food businesses.**

**WORK PLAN**

Outline the tasks that will be performed to accomplish the outcomes of the project.

Applicants should plan 20 months to execute and complete the project with the last 30 days reserved for project reporting as indicated on the timeline below.

For each task:

* Indicate what the task is
* When it will be done, including month and year, within the allowable grant period
* Who will do the work of each task (including contractors)

Be sure to include the tasks related to your purchasing, distribution, and outreach.

Project tasks cannot begin until August 1, 2022. Projects must end by April 1, 2024.

**Start Date**: 8/1/2022 **End Date**: 4/1/2024

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Task** | **When** | **Who** | **Outcome Associated with Project Task** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Final Reporting and submission of final financials.** | 4/1/24 |  | N/A |
| **Participate in sharing project outcomes to interested stakeholders** |  |  |  |

# PROJECT SUSTAINABILITY

Describe the likelihood of the project, or components of the project such as the purchasing relationships, continuing beyond the lifetime of the grant and at what scale.

# Budget Narrative

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the LFPA. **Please refer to the LFPA Grant Guidance for allowable/Unallowable Costs.**

**Please budget food purchase costs and transportation separately. Food Storage costs are allowed only for distribution.**

As a reminder, cash-match contributions are not required but may be indicated in the budget.

**Do not:**

1. **Leave a budget category justification blank if expenses in that category are requested.**
2. **Use arbitrary estimates when developing a project’s budget.**

## Budget Summary

| **Expense Category** | **Funds Requested** |
| --- | --- |
| **Indirect (up 10% of total funds requested allowed)** |  |
| **Food Costs (\*must be at least 51% of budget)** |  |
| **Transportation** |  |
| **Salary** |  |
| **Supplies** |  |
| **Equipment Rental** |  |
| **Contractual** |  |
| **Other** |  |
| **Funds Requested Sub-Total** |  |
| **Matching Costs (if applicable)** |  |
| **Total Project Budget** |  |

## Indirect

\*Please note – Indirect costs cannot exceed 10% of the project budget. Indirect are funds requested that are *indirectly* associated with the project. Requesting Indirect costs of any amount up to the max amount of 10% is optional.

| **#** | **Expense** | **Funds Requested** |
| --- | --- | --- |
| 1 |  |  |

**Indirect Subtotal:**

### Indirect Justification

## Food Costs

Food Costs must be at least 51% of the funds requested.

Please be as specific as you can in this section with the understanding that items may change depending on availability and final producers.

| **#** | **Food Category (i.e. mixed produce, dairy, honey, prepared meals)** | **Amount to be Purchased** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |

## Transportation

| **#** | **Delivery Destination** | **Who is delivering?** | **Unit of Measure (trips, miles)** | **# of Units** | **Cost per Unit** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |

**Transportation Costs Subtotal:**

### Transportation costs Justification

## Salary

\*Please note – individuals not employed by the applicant should be listed under the contractual/consultant category.

| **#** | **Name/Title** | **Funds Requested** |
| --- | --- | --- |
| 1 |  |  |

**Salary Subtotal:**

### Salary Justification

For each individual listed in the above table, describe the activities to be completed by name/title and the $/hr. Please describe any other expenses in this category.

## Supplies (Food Storage and other)

List any supplies needed to complete the project. Supplies for food storage are only allowed for distribution (i.e. boxes, pallets, etc.)

| **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Supplies Subtotal:**

### 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).

## Equipment Rental

Describe any **equipment** to be rented under the grant.

**Purchase of equipment is not allowable under this grant.**

| **#** | **Item Description** | **Place of Rental** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |

**Equipment Subtotal:**

### Equipment Rental 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.

**Equipment 1:**

**Add other Equipment as necessary**

## Contractual/Consultant

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.

### Itemized Contractor(s)/Consultant(s)

Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed.

| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |

**Contractual/Consultant Subtotal:**

### 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.

**Contractor/Consultant 1:**

**Add other Contractors/Consultants as necessary**

## Other

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 communications, advertisements, publication costs, and data collection.

| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Acquire When?** | **Funds Requested** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Subtotal:**

### 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).

MATCHING FUNDS

While no cash match is required for this program, applicants may contribute a cash match to the project. Please clearly outline the applicant’s cash contribution and what it is responsible for in the overall project. Describe the source and nature of any matching funds that will be provided for the project.

| **Contributing Organization/Individual** | **Funds Contributed** |
| --- | --- |
|  |  |

**Matching Funds Total**