Texas Department of Agriculture

Commissioner Sid Miller

Texas State Office of Rural Health

[FOR TDA USE ONLY]

File No. \_\_\_\_\_\_\_\_\_

Date Rec. \_\_\_\_\_\_\_\_

**Grant Proposal Submittal Form**

**Section A. Organization Information**

|  |  |
| --- | --- |
| Legal Business Name: |  |

|  |  |
| --- | --- |
| DBA ‘Doing Business As’ Name: *(if applicable)* |  |

|  |  |  |
| --- | --- | --- |
| Mailing Address: |  |  |
|  | *Street Address* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | *City* | *State* | *Zip Code* | *County* |

|  |  |  |
| --- | --- | --- |
| Physical Address: |  |  |
|  | *Street Address* |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  | *City* | *State* | *Zip Code* | *County* |

**Section B. Contact Personnel**

|  |
| --- |
| **(1)** **Name of Primary Program Contact** *(This person can answer day-to-day questions about the organization and the project.)*  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  | [ ]  Mr. [ ]  Dr.[ ]  Ms. [ ]  Other  |
|  | *First* | *Last* |

|  |  |
| --- | --- |
| Position Title: |  |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | ()  -  Ext.  | Alt #: | ()  -   |

|  |
| --- |
| **(2)** **Secondary Program Contact** *(This person can answer day-to-day questions about the organization and the project.)*  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  | [ ]  Mr. [ ]  Dr.[ ]  Ms. [ ]  Other  |
|  | *First* | *Last* |

|  |  |
| --- | --- |
| Position Title: |  |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | ()  -  Ext.  | Alt #: | ()  -   |

|  |
| --- |
| **(3) Name of Authorized Official** *(This person is authorized to enter into legal agreements on behalf of the organization. This person’s name will appear on the grant agreement for signature.)*  |

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  |  | [ ]  Mr. [ ]  Dr.[ ]  Ms. [ ]  Other  |
|  | *First* | *Last* |

|  |  |
| --- | --- |
| Position Title: |  |

|  |  |
| --- | --- |
| Email Address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: | ()  -  Ext.  | Alt #: | ()  -   |

**Section D. Certifications**

|  |
| --- |
| **By signing below, Applicant:** |

|  |
| --- |
| 1. certifies that all information provided in connection with this application is true and correct;
2. acknowledges that any misrepresentation or false statement made by Applicant or an authorized agent of Applicant in connection with this application, whether intentional or not, will constitute grounds for denial of this application and may be the subject of substantial civil and/or criminal liability and sanctions;
3. acknowledges that acceptance of funds in connection with this application acts as acceptance of the authority of the Texas Department of Agriculture (TDA), or any successor agency, the State Auditor’s Office (SAO), or any successor agency to conduct an investigation in connection with those funds, and Applicant further agrees to cooperate fully with TDA or its successors, SAO or its successor in the conduct of the audit or investigation, including allowing TDA and/or SAO to inspect Applicant’s premises and providing all records requested during the grant period and for at least three years after the grant has terminated; and
4. certifies that he or she is authorized to submit this application and to make the preceding certifications and acknowledgements on behalf of Applicant.

**Notice of Penalties: The penalty for knowingly making false statements or false entries, or attempts to secure money through fraudulent means, may include fines and/or incarceration and/or forfeiture of funds.** |
| **Authorized Official:** (*Person listed in section B.3)* |
| **X** |  | **/     /** |
|  **Signature** *(electronic signatures will not be accepted)* | **Date** |

*This application becomes public record and is subject to disclosure. With few exceptions, you have the right to request and be informed about the information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. (Reference: Texas Government Code, Sections 552.021, 552.023, and 559.004.)*

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**Project Narrative**

**Applicant Name:**

*Please complete the following sections about the program/activity you propose to implement. This form was developed to be completed electronically. Handwritten applications and/or narratives will not be accepted. Click the grey text boxes to type responses. A maximum of 6 pages may be used to fully answer the following sections.*

**Project Title:**

**Project Summary (200 words)**

*Please provide a summary of the program/activity that will be achieved as a result of this grant funding.*

**Project Purpose**

*Provide the specific issue, problem or need that the project will address. Please also provide a list of objectives this project hopes to achieve.*

**Anticipated Project Results**

*Provide a detailed description of how quantifiable results will be demonstrated by the program/activity.*

**Project Oversight**

*Who will oversee the project activities? Include name and title of the person. How will oversight be performed? What steps will take place to ensure the project is achieved as outlined?*

**Work Plan**

*Detail the steps it will take to complete the project, include who will complete each task and any resulting deliverable. The timeline should be progressive (including month and year) to show when each activity will start and end. Be sure to include performance monitoring, data collection, outreach and reporting. Add additional lines if needed.*

| **Start Date***month/year* | **End Date***month/year* | **Work to be completed and by who.** |
| --- | --- | --- |
|       |       | Activity:       |
| Who:       |
| Deliverable:       |
|       |       | Activity:       |
| Who:       |
| Deliverable:       |
|       |       | Activity:       |
| Who:       |
| Deliverable:       |
|       |       | Activity:       |
| Who:       |
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|       |       | Activity:       |
| Who:       |
| Deliverable:       |
|       |       | Activity:       |
| Who:       |
| Deliverable:       |

**Project Budget**

*This section should reflect the total budget. Provide a general description of all costs along with a justification for each item. The explanations should focus on how each budget item is required to achieve the project. Be sure to itemize the request with quantities and individual estimated costs.*

|  |  |
| --- | --- |
|  **Expense Categories** | **Amount** |
| **Personnel** | **$**      |
| **Fringe Benefits** | **$**      |
| **Travel** | **$**      |
| **Equipment** | **$**      |
| **Supplies** | **$**      |
| **Other** | **$**      |
| **Contractual** | **$**      |
|  | **$**      |
| **Total Direct Costs** | **$** |
| **Indirect Costs (limited to 10% of direct costs)** | **$** |
| **Total Project Costs**   | **$** |

## Personnel

List the organization’s employees whose time and effort can be specifically identified and easily and accurately traced to project activities. Add more lines if needed.

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

## 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 funds. Add more lines if needed.

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

## Travel

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy (See RFA for allowable costs related to travel at the Texas Department of Agriculture); in the case of air travel, project participants must use the lowest reasonable commercial airfares. Rates 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>. Add more lines if needed.

| **#** | **Trip Destination** | **Type of Expense (airfare, car rental, hotel, mileage)** | **Unit of Measure (days, nights, miles)** | **# of Units** | **Cost per Unit** | **# of Travelers Claiming the Expense** | **Funds Requested** |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |       |       |       |       |       |       |       |
| 2 |       |       |       |       |       |       |       |
| 3 |       |       |       |       |       |       |       |
| 4 |       |       |       |       |       |       |       |
| 5 |       |       |       |       |       |       |       |
| 6 |       |       |       |       |       |       |       |

### 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.

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

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

**Trip 3(Approximate Date of Travel MM/YYYY):**

**Add other Trips as necessary**

## Equipment

Describe any special purpose equipment that is 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.

| **#** | **Item Description** | **Equipment Justification** | **Funds Requested** |
| --- | --- | --- | --- |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |
| 4 |       |       |       |

## Supplies

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.

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

## 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. (Repeat this section for each contractor/consultant.)

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

| **#** | **Name/Organization** | **Task/Description of work contract will cover** | **Total Funds Requested for each contract** |
| --- | --- | --- | --- |
| 1 |       |       |       |
| 2 |       |       |       |
| 3 |       |       |       |
| 4 |       |       |       |

## 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, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.

| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Anticipated Date of Acquisition** | **Funds Requested** |
| --- | --- | --- | --- | --- |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |