**Specialty Crop Block Grant:**

**UDAF Application**

**APPLICANT INFORMATION**

1. **Name of entity or individual completing application:**
2. **Address (street address, city, county, state, zip code):**
3. **Contact person:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (w/area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4.) Type of applicant (please highlight):**

1. State
2. County
3. Municipal
4. Township
5. Special District
6. Independent School District
7. Private University
8. State Controlled Institution of Higher Learning
9. Native American Tribe
10. Individual
11. Profit Organization
12. Non-Profit Organization
13. Other (please add here): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5.) Employer Identification Number:**

**PROJECT INFORMATION:**

**6.) Descriptive title of project:**

**7.) Areas impacted by project (cities, counties, etc.):**

**8.) Congressional districts of:**

Applicant\_\_\_\_\_\_\_\_\_\_

Project\_\_\_\_\_\_\_\_\_\_\_\_

**9.) Is the applicant delinquent on any federal debt?**

Yes (if yes, attach an explanation): \_\_\_\_\_\_\_\_\_\_\_\_\_\_

No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**10.) Budget overview:**

|  |  |
| --- | --- |
| Grant: |  |
| Applicant: |  |
| State: |  |
| Program Income: |  |
| Other: |  |
| **TOTAL:** |  |

*To the best of my knowledge and belief, all data in this application are true and correct. The document has been fully authorized by the governing body of the applicant and the applicant will comply with the grant rules if the assistance is awarded.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name & Title of Authorized Representative Signature of Authorized Representative**

**Date signed:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized for local reproduction. Application – Specialty Crop Block Grant.

Email applications to Calli Forsyth, [callinielsen@utah.gov](mailto:callinielsen@utah.gov). Please call 385-549-7987 with application questions.

# Appendix A Grantee Self-Assessment

*Grantee Self-Assessment of Internal Controls and Risks*

The Utah Department of Agriculture and Food will use this self-assessment as part of a risk assessment for each grantee. **Your answers will not preclude your organization from getting a grant** but will determine the extent to which special conditions are applied to your award, such as reporting frequency, site visits, source documentation, etc.

|  |  |
| --- | --- |
| **Company/Organization Name** |  |
| **Grant Project Contact** |  |
| **Project Title** |  |
| **Date Prepared** |  |

# *Control Environment*

*Answer “yes” if activity in question applies to your organization.  Each “no” answer indicates a potential weakness of internal controls.* ***All “no” answers require an explanation of mitigating controls or a note of planned changes***

**Staff Qualifications**

|  |  |  |  |
| --- | --- | --- | --- |
| **3 or more** | **1-3** | **>1** | **Internal Control** |
|  |  |  | For the grant project contact listed in your proposal, how many years of experience in the position does he/she have? |
|  |  |  | For the grant project contact listed in your proposal, how many federal grants has he/she managed or participated in as key personnel? |
| **Comments:** | | |  |

## **Organizational Structure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Do organizational policies exist delegating grant management responsibility among staff? |
|  |  |  | Is program information issued by the Utah Department of Agriculture and Food’s Specialty Crop Block Grant program distributed to appropriate staff? |
| **Comments:** | | |  |

## **Human Resources**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are personnel policies in writing? |
|  |  |  | Are processes in place to ensure that staff wages charged to the grant are reviewed and based on actual time and effort? |
|  |  |  | Do all supervisors and managers have at least a working knowledge of federal grant management practices? |
|  |  |  | If budgeting for personnel costs, can you provide a copy of your internal time sheets documenting grant time, grant activities performed, and supervisory control? |
| **Comments:** | | |  |

## **Accounting**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are accounting policies in place to ensure that all organization expenses are accompanied by source documentation? |
|  |  |  | Do policies exist to separate accounting duties, such as the preparing and signing of checks? |
|  |  |  | Are all records, checks, and supporting documents retained according to the federal and state record retention policy? |
|  |  |  | Are periodic (monthly, quarterly) reports of actual budgeted spending prepared and reviewed by accounting and grant staff? |
|  |  |  | Does your accounting system track the receipt and disbursal of funds by each grant or funding source? |
| **Comments:** | | |  |

## **Allowable Activities & Costs**

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Before expenditures are made, does someone check that funds used for that activity are allowable? |
|  |  |  | Are expenditure/reimbursement reports reviewed to ensure adherence to funding limits? |
|  |  |  | Have personnel responsible for coding expenditures been trained on federal grant management to determine expenditures which are allowable and allocable to the federal programs? |
|  |  |  | Are periodic (monthly, quarterly) reports on the status of actual to planned performance prepared and reviewed by accounting and grant staff? |
|  |  |  | Are the following duties generally performed by different people: preparing, reviewing, and approving requests for reimbursement? |
|  |  |  | Are written procurement policies maintained and used by your organization? |
|  |  |  | Is a written travel policy maintained by your organization? |
|  |  |  | Is a written procurement policy maintained by your organization? |
| **Comments:** | | |  |

## **Matching Funds & Program Income**

*Answers to these questions are required only if you indicated program income in your proposal.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Are cash receipt policies and procedures clearly documented and communicated to personnel responsible for program income? |
|  |  |  | Are there policies and procedures to provide for the appropriate use of program income? |
| **Comments:** | | |  |

## Audit

|  |  |  |  |
| --- | --- | --- | --- |
| **Yes** | **N/A** | **No** | **Internal Control** |
|  |  |  | Does your organization expend $750,000 or more during the non-federal entity's fiscal year in federal awards? |
|  |  |  | Does your organization engage in annual audits compliant with OMB Circular a-133? |
|  |  |  | Was your previous audit free of significant findings? |
|  |  |  | Have audits been conducted by a CPA or licensed public accountant |
|  |  |  | Are past audit reports kept on file? |
| **Comments:** | | |  |

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**Appendix B – Application: Project Template Cover Page**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Company/Organization Name** |  | | | | | | | | | |
| **DBA (if applicable)** |  | | | | | | | | | |
| **Business/Organization Type (select one)** |  | **Agricultural producer or processor** | | | |  | **Local government agency** | | | |
|  | **Non-profit** | | | |  | **College or university** | | | |
|  | **State government** | | | |  | **Other** | | | |
| **Tax ID #** |  | | | | | | | | | |
| **DUNS #** |  | | | | | **DUNS # applied for?** |  | **Yes** |  | **No** |
| **Grant Project Contact** |  | | | | | | | | | |
| **Mailing Address** |  | | | | | | | | | |
| **Physical Address** |  | | | | | | | | | |
| **Phone** |  | | | | | **Cell** |  | | | |
| **Email** |  | | | | | | | | | |
| **Grant Management Contact** |  | | | | | | | | | |
| **Phone** |  | | | | | **Email** |  | | | |
| **Project Title** (limited to **fifteen** words) |  | | | | | | | | | |
| **Funding Amount Requested** |  | | | | | **Cash or In-kind Match** |  | | | |
| **Project Start and End Date** |  | | | | | | | | | |
| **Specific Specialty Crop Benefiting from Grant** | | |  | | | | | | | |
| **Area of Focus (select all that apply)** |  | *Agricultural education and outreach* | | | |  | *Food safety enhancement* | | | |
|  | *Sustainable production practices* | | | |  | *Good ag/handling/mfg practices* | | | |
|  | *Crop research/conservation* | | | |  | *Nutrition education* | | | |
|  | *Marketing/trade enhancement* | | | |  | *Plant pest and disease control* | | | |
|  | *Other (list)* | |  | | | | | | |
| *Is this a multi-state project?* |  | *Yes* |  | | *No* | *List partnering state(s)* |  | | | |