Texas Department of Agriculture



Commissioner Sid Miller

**GRANTS OFFICE**

[FOR TDA USE ONLY]

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

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

**Establishing 3E’s (E3E) Grant Program**

**2019 Application**

GTBD - 120

**Signed Application must be** **received by TDA before close of business (5:00 p.m. CT) on Wednesday, May 2, 2019**. Late or incomplete applications will not be considered. Click here for submission instructions.

**Section A. Organization Information**

|  |  |
| --- | --- |
| Legal Business Name:  *Payment is made to this entity.* |  |

|  |  |
| --- | --- |
| DBA ‘Doing Business As’ Name:  *(if applicable)* |  |
| Also known by these names:  *(if applicable)* |  |

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

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

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

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

**Section B. Contact Personnel**

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| **(1)** **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 #: | ()  - |

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| --- |
| **(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: |  |

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

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

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| **(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: |  |

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

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

***TDA, in its sole discretion as administrators of the E3E program may deem an application ineligible if the applicant does not provide sufficient and reasonable information, including a complete application, signed certification, narrative and budget information.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Section C. Eligibility Determination**  **ELIGIBILITY DETERMINATION – Required: incomplete information may deem the application ineligible.** | | | |
| **PICK ONE BOX BELOW: A – D**  ***Please select all that apply for the applicant organization.***  ***By checking A-C, applicant certifies that it will use awarded funds to provide nutrition education to children between the ages of three and five years old.*** | | | |
|  | A) **Child and Adult Care Food Program (CACFP)** |  | |
|  | A1) **Sponsor Organization** applying. *Eligible to apply for program 1 or 2* | *Current CE ID:* | |
|  | A2) **Single** **Site under a Sponsor Organization**  If your Sponsor Organization is NOT applying on your behalf, and your site wants to apply directly to TDA; complete both the sponsor’s CE ID and the current Site ID; if more than one site under the same sponsor wishes to apply, they must complete separate applications.  *Eligible to apply for program 1 or 2* | *Current CE ID:*    *Current Site ID:* | |
|  | A3) **Independent Child Care Center** *Eligible to apply for program 1 or 2* | *Current CE ID:* | |
|  | B) **Head Start Program** *Eligible to apply for program 2* | *Current Site ID:* | |
|  | C) **Other early childhood education program** *Eligible to apply for program 2* | | |
| ***By checking D below, applicant certifies that it will use awarded funds to provide nutrition education to children younger than 19 years of age.*** | | | |
|  | D) Community or faith-based organization that provides recreational, social, volunteer, leadership, mentoring, or developmental programs. *Eligible to apply for program 2* | | |
|  | | | |
|  | | | |
| |  | | --- | | **Select the program you plan on using the E3E’s grant funds for and how you plan to use the funds:** |   **Applicant is requesting funds to complete EITHER Program 1 OR 2:**    **Program 1. Healthier CACFP Recognition Award Program**  ***[ONLY AVAILABLE TO CACFP OR HEAD START ORGANIZATIONS.]***  Implement comprehensive efforts to improve the nutrition quality of MENUS, meals and snacks served to CACFP children, according to one of the following award levels in the \*Healthier CACFP Recognition Award Program (please check only one level of award):  Bronze  Silver  Gold  **AND** improve accompanying Award level requirements for **ONE** of the following childcare areas (please check one to the single level of award selected above):  physical activity  nutrition education  child care environment  *\*Only organizations that have a current contract with TDA Food and Nutrition to administer CACFP are eligible to apply for the Healthier CACFP Recognition Award Program. Please refer to* [*Attachment A*](https://texasagriculture.gov/Portals/0/Publications/ER/NEO/HCACFPRA%20Attachment%20A%202018%20General%203.26.18.pdf) *for award criteria prior to making a selection.* | | | |
| **OR:**  **Program 2.** Expand current farm to pre-school/child care educational activities OR other wellness program.  **Farm Fresh Friday**  Implement or expand current farm to child care educational activities:  Garden-based curriculum  School garden development or improvement  Taste testing  Garden to plate program  Networking events with Texas farmers and ranchers  Field trips  Other experiential learning opportunities (list below)    **OR**  Other **wellness program** *(provide name & describe)*: | | |
| ***Note:* For either program, information about how the organization plans to implement the activities selected above should be fully described using the Project Narrative section.** | | |
| |  | | --- | | **Self-Assessment of Internal Controls:** |   Yes No             Does the applying entity have written accounting policies and procedures that are consistently applied?             Has the entity ever managed a reimbursement grant before?             Has the entity experienced significant changes in management, accounting, or programmatic personnel in  the past year?             Are periodic (monthly, quarterly) reports on the status of actual to budgeted performance prepared and reviewed by top management?              Does the applying entity currently have a system in place to track income and expenses?              Does the applying entity have a current organizational chart defining the lines of responsibility?              Does the applying entity offer sufficient training opportunities to employees on Program, fiscal and Personnel policies and procedures?             Does the applying entity have accounting procedures which prohibit the comingling of personal financial transactions and business transactions? *For example, policies should be in place prohibiting personnel and management from using organization resources for personal use, such as cashing a personal check from petty cash, or using a business credit card for lunch.*             Does the applying entity have at least two persons to count and confirm the accuracy of deposits. *Bank accounts and credit card statements should be reconciled monthly.*              Does the applying entity ensure that items purchased with grant funds are secured to reduce the risk of theft or misappropriation?  *Please add additional pages if needed to fully answer these questions.*  Number of staff on site during center hours? Full time:       Part time:  What is the current child to teacher ratio?  Provide the names and titles of staff considered management personnel? Name (s):       Title (s):  What is the name and title of the person who has oversight of the entity’s budget? Name:       Title:  What is the name and title of the person who enters deposits and checks into the financial books or account?  Name:       Title: | | |

**Section D. Certifications**

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

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| --- | --- | --- | --- |
| 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 |  | /     / |
| Applicant 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.)*

Texas Department of Agriculture

**GRANTS OFFICE**

**Establishing 3E’s Grant Program**

# Project Narrative

**Legal Business Name:**

**dba:**

*Please complete the following sections about the program/activity you propose to implement within the organization. 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.*

I. Project Summary – The “WHAT”

*Indicate which Program was selected and provide a summary of the projects that will be achieved as a result of this grant funding. If applying for Healthier CACFP Recognition Award Program, indicate why your organization choose this activity in the summary section.*

**Healthier CACFP Recognition Award Program**

Bronze

Silver

Gold

**Farm Fresh**

**Other Wellness**

*Enter summary:*

II. Project Details – The “HOW”

*Provide detailed information about current activities ( if applicable), describe how the program will be implemented, key milestones to be achieved and any other details that will help reviewers understand the project logistics. You will be able to provide a detailed list of activities under the work plan.*

***\*Healthier CACFP Recognition Award Program***

*\*If applying for Healthier CACFP Recognition Award Program, list* ***Menus*** *along with activities and milestones on how meals and snacks will be improved to provide higher nutrition quality meals that are currently being served and then list the other wellness area (physical activity, nutrition education, or child care environment) and provide details on how the award level will be achieved.*

III. Project Need - The “WHY”

*Explain the need behind why your organization selected the Healthier CACFP Recognition Award Program, Farm Fresh or other Wellness program. Provide detail that includes how the project(s) will improve students’ understanding of nutrition and agriculture.*

IV. Partner Organization

*If applicable, please list any other community organizations the project may work with to accomplish the goals of the project. Describe the relationship and how these organizations will help you further this project.*

**V. Anticipated Project Results**

*How will you determine if your project has changed student attitudes, behaviors, and knowledge? How will data be collected (e.g. student/teacher surveys, vegetable consumption tracking, number of classes utilizing a garden)?*

*Outcome Narrative:*

*Beneficiaries:*

*Include information about the number of students, parents, and/or community members that are anticipated to benefit from the project.*

# children < 5 years old       # children between 5 and 18 years old

# of other beneficiaries      , Please identify:

Other information or details:

VI. 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? If application is for multiple sites, how will this be implemented at each location?*

**VII. Work Plan**

*Provide a detailed description of the program/activity to be completed. Indicate the key personnel involved in the program as well as a timeline for completing each activity. Additional pages may be added.*

| **Project Tasks** | **Key Personnel** | | **Timeline** | |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Start Date** | **End Date** |
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**VIII. Budget Snapshot:** *Provide a brief overview of your proposed project budget. Total budget shall* ***NOT*** *exceed $10,000 per site or location. The maximum award to any selected grantee shall not exceed $10,000 per location or $50,000, whichever is less.*

|  |  |  |
| --- | --- | --- |
| **Participating Sponsors:** List each site that will benefit from funding and the total amount requested per site (Ex: Little Texans Day Care - $5,000). Please attach additional sheets if necessary. | | |
| ***Site Name*** | ***Site ID Number***  *(Put NA if not applicable)* | ***Amount Requested for Site*** |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| **Total Requested Budget for all sites:** | | **$** |

**IX. Budget Narrative:** This section should reflect the total budget requested. Provide a 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. *See* [*official request for application*](https://texasagriculture.gov/Portals/0/Publications/ER/NEO/2018%20E3E%20RFA.pdf) *for allowable and nonallowable expenses.*

*Personnel* ($ **total**) For each employee receiving a portion of this grant as a stipend, indicate their title and the amount.

*Supplies* ($      **total**) Provide an itemized list of projected supply expenditures and the dollar amount for each item. *Ex. 25 Agricultural Education Booklets - $125.00*

*DO NOT INCLUDE EQUIPMENT (See* [*RFA*](https://texasagriculture.gov/Portals/0/Publications/ER/NEO/2018%20E3E%20RFA.pdf) *for definition of equipment) IN THIS CATEGORY.*

*Contractual* ($      **total**) Provide a detailed description of any services that are to be contracted for the completion of the project.

*Other* ($      **total**) Provide detailed descriptions of other costs such as communications, speaker/trainer fees, publication costs, and data collection, and other budgeted costs associated with the project. *DO NOT INCLUDE EQUIPMENT OR TRAVEL/CONFERENCE ATTENDANCE IN THIS CATEGORY (See* [*RFA*](https://texasagriculture.gov/Portals/0/Publications/ER/NEO/2018%20E3E%20RFA.pdf) *for definition of equipment and travel is not allowable).*

Total Amount Requested *(add up the total amount of the categories above). Not to exceed**$10,000 per independent center or site and $50,000 per sponsoring CACFP grantee, whichever is less.*

$      **Total** **amount requested**