Each proposal should include the following information. Incomplete project profiles may be disqualified and returned to the proposing organization without review. The acceptable font size for the project profile is 12 pitch with all margins at 1 inch. Information for each section should be specific and brief.

I**, (Project Leader) have read the Information and Guidelines document and agree to follow the instructions therein.**

**Project Title**

Provide a descriptive project title in 6 words or less in the space below. If your project profile is to continue/expand a current project, please be sure to use the same title with “2025-2026” added on to identify the stage of the project.

**Duration of Project**

Allow time for harvest, data collection, analysis, etc. A project does not have to be exactly 12 or 24 months from beginning. This is to minimize the request for No-cost Extensions.

Start Date: End Date:

**Project Abstract/Summary**

Include a project abstract/summary of 200 words or less suitable for dissemination to the public.

**Project Purpose**

This section should address the following questions:

* What is the specific issue and/or problem addressed by this project?
* What is the importance of the project and how is it timely?
* What is the goal of the project?

**Continuation Project Information**

If your project is continuing the efforts of a previously funded BRI/NECP/IAAE project, address the following:

* Provide a summary (3-5 sentences) of the outcomes of the previous efforts.
* Describe how this project will differ from and build upon the previous efforts.
* Provide lessons learned from the previous project to improve on the continuation of this project.

**Project Goals and Objectives**

Describe the following:

* List the main goal(s) of the project.
* Describe what objectives will be used to reach project goals.
* What tasks will support each objective?

**Project Outcomes**

How will the success of the project objectives be measured? Describe the expected project deliverables.

**Potential Impact**

How will this project impact the advancement of the agricultural economy in North Carolina? This should be different from the Project Abstract/Summary. Include key items such as who will benefit and how they will be impacted by the project. Estimate the potential economic impact for an individual grower, a region, or the entire state. The economic impact should be a dollar value of the potential project outcome.

**Workplan and Timeline**

This section shall address the following questions:

* What activities are necessary to accomplish the project objectives?
* When will your performance monitoring/data collection plan be accomplished?
* Who will do the work of each activity? If collaborative arrangements, including but not limited to the Research Stations Division, or subcontractors are used, make sure you specify their role and responsibilities in performing project activities.
* When will each activity be accomplished? Include timelines for accomplishing each activity. Make certain to include the month and year the activity is scheduled to begin and end.
* What is the proposed location(s) of the project? Include all workshops, training, field trips, seminars, etc.

*The Timeline Template can be downloaded from the program website at www…….*

**Line Item Budget Worksheet**

This section is in addition to the Budget Narrative below.

*The Line Item Budget Worksheet can be downloaded from the program website at www……….*

**Budget Narrative**

All expenses described in this Budget Narrative must be associated with expenses that will be covered by the program. If matching funds will be used, a description of their use should be described separately. **Please note that per NCDA&CS guidelines, overhead costs are not allowed**.

|  |
| --- |
| **Budget Summary** |
| **Expense Category** | **Funds Requested** |
| Salaries/Wages |  |
| Staff Benefits |  |
| Supplies & Materials |  |
| Travel |  |
| Equipment > $10,000 |  |
| Repairs & Maintenance |  |
| Other Fixed Charges |  |
| Contractual/Consultant |  |
| Student Aid |  |

|  |  |
| --- | --- |
| Total Budget |  |

**Salaries/Wages**

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

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

|  |  |
| --- | --- |
| Salaries/Wages Subtotal |  |

***Salaries/Wages Justification***

Describe the purpose of each employee listed in the table above and how it is necessary for the completion of the project’s objective(s) and outcome(s).

Employee 1:

Employee 2:

Employee 3:

Add other Employees as necessary.

**Staff Benefits**

Provide the fringe benefit rates for each of the project’s salaried employees.

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

|  |  |
| --- | --- |
| Staff Benefits Subtotal |  |

**Supplies & Materials**

List the materials, supplies, and fabricated parts costing less than $10,000 per unit and describe how they will support the purpose and goals of the proposal and solely enhance the programs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Item Description | Per-Unit Cost | # of Units/pieces Purchased | Acquire When? | Funds Requested |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

|  |  |
| --- | --- |
| Supplies & Materials Subtotal |  |

***Supplies & Materials Justification***

Describe the purpose of each supply listed in the table above and how it is necessary for the completion of the project’s objective(s) and outcome(s).

Supply 1:

Supply 2:

Add other Supplies as necessary.

**Travel**

Explain the purpose for each Trip Request. Please note that travel costs are limited to those allowed by formal organizational policy. For recipient organizations that have no formal travel policy and for-profit recipients, allowable travel costs may not exceed those established by the North Carolina Office of State Budget and Management 5.0 Travel Policies and Regulations. This information is available at <https://www.osbm.nc.gov>.

**Travel Subsistence Rates Effective July 1, 2025**

|  |  |  |
| --- | --- | --- |
| Expense | In-State | Out of State |
| Breakfast | $10.60 | $10.60 |
| Lunch | $14.00 | $14.00 |
| Dinner | $24.40 | $24.40 |
| Lodging (actual, up to) | $94.10 | $111.10 |
| **Maximum Allowed Daily Subsistence** | **$143.10** | **$163.40** |
| **Justification must be included for rates that exceed those in the above chart.** |
| Mileage: $.67/mile |

International travel is not allowed.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| # | Trip Destination | Type of Expense (airfare, car, rental, hotel, meals, mileage, etc.) | Unit of Measure (days, nights, miles) | # of Units (Days, nights, miles) | Cost per Unit | # of Travelers Claiming Expense | Funds Requested |
| *IE* | *Oxford, NC* | *Hotel* | *Night* | *2* | *94.10* | *1* | *188.20* |
|  |  | *Meals* | *Bkfst, Lunch* | *1 bkfst**2 lunches* | *10.60**14.00* | *1* | *38.60* |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |

***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.

Trip 1 (Approximate Date of Travel MM/YYYY)

Trip 2 (Approximate Date of Travel MM/YYYY)

Add other Trips as necessary.

***Conforming With Your Travel Policy***

By checking the box below, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with NC GS 138-5, 138-6, and 138-7 as applicable.

|  |
| --- |
|  |

**Equipment Greater than $10,000**

Describe any special purpose equipment 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 $10,000 per unit and is used only for research, medical, scientific, or other technical activities.

Rental of “general purpose equipment” must also be described in this section.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item Description | Rental or Purchase  | Acquire When? | Funds Requested |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

|  |  |
| --- | --- |
| Equipment Subtotal |  |

***Equipment >$10,000 Justification***

For each Equipment item listed in the table above describe how this equipment and/or rental of equipment will be used to achieve the objectives and outcomes of the project.

Equipment 1:

Equipment 2:

Add other Equipment as necessary.

**Repairs & Maintenance**

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 maintenance and repairs of equipment and vehicles used for the project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Item Description | Per-unit Cost | Number of Units | Acquire When?  | Funds Requested |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

|  |  |
| --- | --- |
| Repairs & Maintenance Subtotal |  |

***Repairs & Maintenance Justification***

Describe the purpose of each item listed in the table above and how it is necessary for the completion of the project’s objective(s) and outcome(s).

Repairs & Maintenance 1:

Repairs & Maintenance 2:

Add other Repairs & Maintenance as necessary.

**Other Fixed Charges**

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, rentals, advertisements, publications, and data collection.

If your budget meal costs are for reasons other than meals associated with travel per diem, provide an adequate justification to support that these costs are not entertainment costs.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| # | Item Description | Per-unit Cost | Number of Units | Acquire When?  | Funds Requested |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

|  |  |
| --- | --- |
| Other Fixed Charges Subtotal |  |

***Other Fixed Charges Justification***

Describe the purpose of each item listed in the table above and how it is necessary for the completion of the project’s objective(s) and outcome(s).

Other Fixed Charge 1:

Other Fixed Charge 2:

Add Other Fixed Charges as necessary.

**Contractual/Consultant Services**

Provide a list of contractors/consultants, hourly/flat rate, and overall cost of the services performed. Please note that any statutory limitations on indirect costs also apply to contractors and consultants.

|  |  |  |  |
| --- | --- | --- | --- |
| # | Name/Organization | Hourly Rate/Flat Rate | Funds Requested |
| 1 |  |  |  |
| 2 |  |  |  |

|  |  |
| --- | --- |
| Contractual/Consultant Services Subtotal |  |

***Contractual/Consultant Services Justification***

Provide for each contractor/consultant 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. Include timelines for each activity. Provide a justification for the expenses.

Contractor/Consultant 1:

Contractor/Consultant 2:

Add other Contractors/Consultants as necessary.

***Conforming With Your Procurement Standards***

By checking the box below, I confirm that my organization follows the same policies and procedures used for procurement from non-federal sources, which reflect applicable State and local laws and regulations and conform to the laws and standards identified NC GS 143-48, as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements.

|  |
| --- |
|  |

**Student Aid/Tuition**

List the amount of tuition per semester per student.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Student | Per Semester Cost | # of Semesters | Funds Requested |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

|  |  |
| --- | --- |
| Student Aid/Tuition Subtotal |  |

***Student Aid/Tuition Justification***

Describe the purpose of each student listed in the table above and how it is necessary for the completion of the project’s objective(s) and outcome(s).

Student 1:

Student 2:

Add other Students as necessary.

**Program Income**

Program income is gross income earned by a recipient or subrecipient under a grant-directly generated by the grant-supported activity or earned only because of the grant agreement during the grant period of performance. Program income includes, but is not limited to, income from fees for services performed; the sale of commodities or items fabricated under an award (this includes items sold at cost if the cost of producing the item was funded in whole or partially with grant funds); registration fees for conferences, etc.

|  |  |  |
| --- | --- | --- |
| Source/Nature of Program Income | Description of how you will reinvest the program income | Estimated Income |
|  |  |  |
|  |  |  |

|  |  |
| --- | --- |
| Program Income subtotal |  |

**Project Oversight**

This section shall address the following questions:

* Who will oversee the project activities?
* How will oversight be performed? For example, will weekly or monthly meetings be held to discuss performance toward the completion of the project?

**Project Commitment**

Provide the following information in this section:

* What stakeholders outside the lead organization support this project?
* How and why?

**Authorization**

By signing this application, the Authoring Agent is guaranteeing that the information contained in this application is correct and verifiable. The Authorizing Agent is also confirming that the funds requested herein will be used for the specific purpose outlined in the application and for no other purpose. (Attach a resolution of the governing body of the applicant organization, authorizing this person to submit the application in the name of the organization.)

**Biographical Sketches**

Provide a resume or biographical sketch of each person who has primary responsibility for developing and implementing the proposal. Information should clarify each person’s project responsibilities and highlight their qualifications.

**Letters of Support**

Attach letters of support from industry partners, stakeholders, or other collaborators.

**Application Packet Details and Format**

Provide the following information in this section:

* Application packet must be submitted in its entirety. Incomplete application packets may be deemed ineligible.
* Proposals must be organized and have the requested information in the sequence presented in the preceding instructions.
* Proposals must be typed, single spaced, in 12 pt. font.
* Proposals must be submitted on 8.5” x 11” white paper with one-inch margins.
* Each page must be numbered. Mail one (1) original application packet with appropriate signatures.
* Email the original application packet including the Workplan and Timeline, Line Item Budget Worksheet & Narrative in their **Original** **format** **(WORD/EXCEL)** to Allison.medlin@ncagr.gov.

**Application Packet Due Date**

The completed Application packet must be postmarked by COB, November 14, 2025.

NCDA&CS/Bioenergy Research Initiative

300 Providence Rd.

Oxford, NC 27565

**Contact Information**

|  |  |
| --- | --- |
| Hunter Barrier | Allison Medlin |
| Hunter.barrier@ncagr.gov | Allison.medlin@ncagr.gov |
| 910.592.7839 | 919.693.2483 |