Meat and Poultry Processing Expansion Program   
Phase 3 - Invasive Wild Caught Catfish (MPPEP3)

Application Template General Instructions

Carefully review the Meat and Poultry Processing Expansion Program (MPPEP), Phase 3, Invasive Wild-Caught Catfish Request for Applications Notice of Funding Opportunity (NOFO) before you complete this document. The MPPEP3 NOFO Number is **RD-RBS-25-03-MPPEP**. You will find additional information about the NOFO on the MPPEP webpage at this link: [rd.usda.gov/MPPEP](https://www.rd.usda.gov/programs-services/business-programs/meat-and-poultry-processing-expansion-program). (Look for the “Grants.gov Posting” button located to the right of the “Fact Sheet” button near the top of the page.)

* This template is intended to help you, but you do not have to use it in order to submit an application.
* Regardless of whether or not you use the template, you must complete and submit all required federal forms and registrations and include documentation that supports applicant and project eligibility claims.
* You must ensure you provide complete responses to all eligibility and evaluation questions. Incomplete applications **will not** be considered for funding.
* Your project narrative must be typed, single-spaced, and in 11-point font. It must not exceed twenty (20) 8.5 x 11 pages (**excluding** the application template and supporting documents listed in Section 4.2.2 of the MPPEP3 NOFO. For example, if the template is 15 pages **before** you begin entering your project narrative information, your application ultimately may be as much as 35 pages in length (15 template pages plus 20 pages of applicant content).
* Documents must be submitted as directed in Section 4.2.2 in the MPPEP3 NOFO and attached to your application package in Grants.gov ([www.grants.gov](http://www.grants.gov)).
* Certifications, statements, and other standard terms used in this template (examples include “you,” “I,” “we,” “it,” “applicant,” “entity,” “grantee,” among others) refer to the **legal entity** applying for the MPPEP3 grant. By checking, signing, or otherwise acknowledging these elements, you acknowledge they are true and correct.
* If you have questions regarding this template, email [MPPEP@usda.gov](mailto:MPPEP@usda.gov).

Table of Contents

[Section 1: Applicant Information 3](#_Toc199408312)

[Identifying Information 3](#_Toc199408313)

[Authorized Organization Representative (AOR) 6](#_Toc199408314)

[Section 2: Project Information and Executive Summary 7](#_Toc199408315)

[Project Title 7](#_Toc199408316)

[Funding Request 7](#_Toc199408317)

[Period of performance 7](#_Toc199408318)

[Executive Summary 8](#_Toc199408319)

[Section 3: Land ownership and access 10](#_Toc199408320)

[Land ownership 10](#_Toc199408321)

[Section 4: Performance metrics 11](#_Toc199408322)

[Section 5: Merit Evaluation 12](#_Toc199408323)

[Alignment and intent (up to 10 points possible) 12](#_Toc199408324)

[Market impact and opportunities (up to 20 points possible) 14](#_Toc199408325)

[Financial viability (up to 20 points) 16](#_Toc199408326)

[Technical Merit and achievability (up to 20 points) 20](#_Toc199408327)

[Labor and personnel (up to 10 points) 27](#_Toc199408328)

[Marine impact (up to 10 points) 30](#_Toc199408329)

Community impact and support (up to 10 points) 32

Discretionary Points, (up to 15 points) 32

[**Section 6: Other Supporting Information 33**](#_Toc199408330)

[Section 7: Affirmations and Certifications 34](#_Toc199408331)

# Section 1: Applicant Information

## Identifying Information

|  |  |
| --- | --- |
| Applicant Organization Name: |  |
| Phone Number with area code: |  |
| Email: |  |
| Facility Address: |  |
| Mailing Address: |  |

1. **Date your processing facility began operations**

|  |  |
| --- | --- |
| Enter the two-digit month and four-digit year in the box at right |  |

1. Ownership structure | Describe your business structure. Note if your business model is a cooperative, or otherwise shares profits or ownership with producers.

Cooperative

Profit sharing, employee stock ownership plan (ESOP), or other shared ownership model

Sole proprietor

Corporation

LLC

|  |  |  |
| --- | --- | --- |
|  | Other |  |

1. Species | What species of catfish are currently processed at your facility?

|  |  |  |
| --- | --- | --- |
|  | Blue |  |
|  | Channel |  |
|  | Flathead |  |
|  | White |  |
|  | Brown Bullhead |  |

|  |  |  |
| --- | --- | --- |
|  | Yellow Bullhead |  |

|  |  |  |
| --- | --- | --- |
|  | Black Bullhead |  |
|  | Other  (specify) |  |
|  | Not currently processing catfish |  |

**3a. What species will be processed upon completion of your project?**

|  |  |  |
| --- | --- | --- |
|  | Blue |  |
|  | Channel |  |
|  | Flathead |  |
|  | White |  |
|  | Brown Bullhead |  |
|  | Yellow Bullhead |  |
|  | Black Bullhead |  |
|  | Other (Specify) |  |

1. **Current Inspection Status**

Please select the **i**nspection programs under which your plant currently operates. Be sure to add your applicable license numbers or the anticipated date for obtaining any licenses during the period of performance of this project.

|  |  |  |
| --- | --- | --- |
| **Select** | **Inspection Program** | **Establishment or license number -or- anticipated date of grant of inspection or other licensing** |
|  |  |  |
|  | FDA Food Facility Registration |  |
|  | State’s Department of Health Food Processing License, or equivalent |  |
|  | USDA Food Safety Inspection Service (FSIS) Grant of Inspection (GOI), including conditional and permanent |  |

1. **Hazard Analysis and Critical Control Points**

Do you currently have a Hazard Analysis and Critical Control Points (HACCP) plan for catfish, or plan to revise and existing plan to include catfish:

|  |  |  |
| --- | --- | --- |
|  | Yes. Includes catfish. Date in effect: | MM/DD/YYYY |
|  | Yes, but revision to include catfish in development. Anticipated completion date: | MM/DD/YYYY |
|  | No |  |

1. **Does your state currently have an Aquatic Nuisance Species, or Invasive Species, Management Plan:**

|  |  |  |
| --- | --- | --- |
|  | Yes. Includes catfish. | Insert link to State’s management plan: |
|  | No |  |

## Authorized Organization Representative (AOR)

Identify the person who will be the main contact for correspondence and who is responsible for signing documentation in the event an MPPEP Phase 3 grant is awarded. This information must match box 21 of the SF-424 family of forms (available at [tinyurl.com/28zbcbpx](https://tinyurl.com/28zbcbpx)).

|  |  |
| --- | --- |
| **Name:** |  |
| **Title:** |  |
| **Phone Number with area code:** |  |
| **Email Address:** |  |
| **Mailing Address:** |  |

# Section 2: Project Information and Executive Summary

## Project Title

Provide a descriptive project title in 15 words or fewer in the space below. This information must match box 15 of the SF-424 family of forms (available at [tinyurl.com/28zbcbpx](https://tinyurl.com/28zbcbpx)).

Enter your project title in the space below:

|  |
| --- |
|  |

## 

## Funding Request

In U.S. dollars, enter the total amount of federal funds you are requesting. This must match the total amount requested on Line 18a, “Estimated Federal Funding” of the SF-424 family of forms (available at [tinyurl.com/28zbcbpx](https://tinyurl.com/28zbcbpx)).

* The total cost share is the sum of Lines 18b – 18f on the SF 424.
* The total project cost is line 18g on the SF-424.

Enter the **Total MPPEP3 Funds** requested (up to $1 million or 50 percent of the total project cost, whichever is less) in the space below:

|  |
| --- |
|  |

**Example:** A processing project with a total project cost of $2,000,000 million can request grant funds of $1 million and would be required to provide $1 million in cost share.

**Total Cost Share** (must equal 50 percent or more of the total project cost)**:**

|  |
| --- |
|  |

**Total Project Cost** (must equal 100 percent of total project cost)**:**

|  |
| --- |
|  |

## Period of performance

(The maximum project performance period is 24 months.**)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Start Date:** | MM/DD/YYYY |  | **End Date:** | MM/DD/YYYY |

## Executive Summary

Provide an executive summary that details the proposed project goals and objectives in 500 or fewer words. Please include in the summary:

* Your business model and ownership structure
* The location of the processing facility
* The species you will process
* The proposed size of your operation, including the number of employees at the facility, and the increase in volume of wild, invasive-caught catfish you anticipate processing
* The number of fishers supported and any other impact on the local fishery
* The size of your consumer or community market
* Any other information you would like to convey about your proposed project

|  |
| --- |
|  |

# Section 3: Land ownership and access

## Land ownership

Describe how the applicant owns or controls the land where the proposed project is located. **NOTE:** For projects located on Tribal lands in which the applicant is not a Tribal member or entity owned or operated by the Tribe, a Tribal Resolution of Consent is required from the governing body of the Tribe with jurisdiction over the land where the proposed project is located.

|  |
| --- |
|  |

# Section 4: Performance metrics

Quantify your progress toward satisfying the program metrics listed below. If a particular metric does not apply to your project, type “N/A” in the space provided.

**Jobs Created**-Jobs created refers to the jobs created by the MPPEP III applicant that are directly related to, a result of, and attributed to the MPPEP III project funded by USDA Rural Development, Jobs created are generally located at the project site.

**Jobs Retained**- Jobs retained refers to existing jobs (in terms of FTEs) where it can be documented that without MPPEP III project funding, the jobs would have been lost. Not all existing jobs are jobs saved.

**NOTE**:

* Count 2 part-time jobs at 1 full-time job and count 3 seasonal jobs as 1 full-time job. If part-time and/or seasonal jobs add up to a fraction, round up to the next whole number.
* Your Responses in Section 5: Merit Evaluation must demonstrate how you will achieve these performance metrics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Performance Metric** | **Unit of Measurement** | **Amount at  Project Start** | **Target Amount at Project Completion** |
|  |  |  |  |
| Processing volume of wild, invasive-caught catfish added annually | Volume in Weight | Pounds or tons |  |
| New value-added products developed | Number |  |  |
| Increase in fishers or vessels served | Number |  |  |
| Increase in new sales channels | Number |  |  |
| Full-time equivalent (FTE) jobs created | Number |  |  |
| FTE jobs retained | Number |  |  |

# Section 5: Merit Evaluation

All eligible, complete applications will be evaluated using the scoring criteria in the MPPEP Phase 3 NOFO. In some instances, discretionary points will be added to the total score prior to generating a final score.

Competitive applications will accurately and fully describe project objectives that align with the MPPEP3 goals described in Section 1.2 of the NOFO, and with the Performance Metrics in Section 4 of this document. Please be certain your responses are specific to your project, market, and community. A failure to address any of the following questions – or insufficiently communicate relevant project information – will result in a lower score.

## Alignment and intent (up to 10 points possible)

Describe how your proposed project aligns with MPPEP program goals to:

* Address the current challenges or constraints in processing invasive, wild-caught catfish in your geography.
* Increase processing capacity and create more opportunities in the sector through higher processing volumes and other value-added activities (if applicable).
* Address local, regional or national market demand, within the facility’s geography, in relation to processing constraints.
* Provide commercial processing options for fishers of invasive, wild-caught catfish, including the estimated number of producers that will benefit from the project.

|  |
| --- |
|  |

## Market impact and opportunities (up to 20 points possible)

Describe the planned impact of your proposed project on fishers, consumers, and other relevant markets, as follows:

1. **Animal procurement & Impact on Fisheries**

Describe how you plan to procure invasive, wild-caught catfish and provide more opportunities for fishers relative to the existing processing opportunities in their geographic area. In your response, address how the proposed project will:

* Increase processing volume that results in the procurement of more invasive, wild-caught catfish from fishers.
* Increase the number of fishers that will benefit from the processing facility.
* Create opportunity for fishers to diversify income

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 1. Enter the number of fishers from which your facility currently sources (prior to project completion): |  |
| 1. Enter the number of fishers from which your facility will source at following MPPEP3 project completion): |  |

1. **Market Development**

Describe the market opportunities that exist and how your proposed project will:

* Increase the number and kind of markets, or sales channels, that the facility supports, including any new value-added product activity.
* Meet the needs of fishers, buyers and consumers, to ensure an adequate supply of and sufficient demand for invasive, wild caught catfish

.

|  |
| --- |
|  |

## Financial viability (up to 20 points)

1. **Financial Viability**

Explain how your proposed project will contribute to the ongoing financial viability of the facility, through profitability or assurances of ongoing financial support, supported by income and expense projections for three years.

|  |
| --- |
|  |

1. **Commitments from Fishers**

Describe the commitments from fishers to demonstrate reliability of supply.

|  |
| --- |
|  |

**3. Buyer Commitments**

Discuss current or prospective commitments from potential buyers to demonstrate product demand and robust sales.

|  |
| --- |
|  |

**4. Processing Capacity**

Provide a clear description of the plan and timeline for achieving optimal processing capacity at the existing facility once your project is complete.

|  |
| --- |
|  |

## Technical Merit and achievability (up to 20 points)

1. **Work Plan Overview**
2. Provide a description of the project work plan, including the schedule with project milestones and timelines for implementing proposed project activities during the award period, and how each activity contributes to achieving the project outcomes. Also detail any key partnerships and collaborations that aligned local and regional entities that enhance and ensure project success.

|  |
| --- |
|  |

1. **Work Plan Budget Activity**

Describe the proposed project work plan and budget by activity. Activity descriptions must be sufficiently detailed to give a clear understanding of the general workflow necessary to complete the project. Describe up to three activities below. A budget breakdown for each activity is required.

NOTE: The applicant is responsible for

| **Activity** | **Key Personnel** | **Start Date** | **End Date** | **MPPEP Funds** | **Cost Share** | **Total Project Cost** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. |  | MM/DD/YYYY | MM/DD/YYYY | $ | $ | $ |
| 2. |  | MM/DD/YYYY | MM/DD/YYYY | $ | $ | $ |
| 3. |  | MM/DD/YYYY | MM/DD/YYYY | $ | $ | $ |

**2b. Work Plan Activity Budgets**

Provide the budget for each activity listed in your work plan and budget. Include the amount of MPPEP funds you are requesting, the cost share, and the total project cost for each category. Add additional line items as needed.

|  |  |
| --- | --- |
| **Activity 1:** |  |

| **Cost Category** | **MPPEP Funds** | **Cost Share** | **Total Project Cost** |
| --- | --- | --- | --- |
| Personnel |  |  |  |
| Fringe benefits |  |  |  |
| Equipment |  |  |  |
|  |  |  |  |
| Supplies |  |  |  |
| Contractual |  |  |  |
| Other |  |  |  |
| Total |  |  |  |

**Activity Budget Narrative**: Provide detailed information about the assumptions used to determine the total project cost for each identified cost category.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Activity 2:** |  |

| **Cost Category** | **MPPEP Funds** | **Cost Share** | **Total Project Cost** |
| --- | --- | --- | --- |
| Personnel |  |  |  |
| Fringe Benefits |  |  |  |
| Equipment |  |  |  |
|  |  |  |  |
| Supplies |  |  |  |
| Contractual |  |  |  |
| Other |  |  |  |
| Total |  |  |  |

**Activity Budget Narrative**: Provide detailed information about the assumptions used to determine total project cost for each identified cost category.

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **Activity 3:** |  |

| **Cost Category** | **MPPEP Funds** | **Cost Share** | **Total Project Cost** |
| --- | --- | --- | --- |
| Personnel |  |  |  |
| Fringe Benefits |  |  |  |
| Equipment |  |  |  |
|  |  |  |  |
| Supplies |  |  |  |
| Contractual |  |  |  |
| Other |  |  |  |
| Total |  |  |  |

**Activity Budget Narrative**: Provide detailed information about the assumptions used to determine total project cost for each identified cost category.

|  |
| --- |
|  |

1. **Key Personnel, including contractors and consultants, partners and their relevant experience.**

List the key personnel identified in the work plan and budget who will be coordinating, leading, and carrying out activities under this project. Note any relevant experience and their capacity to implement the project and maintain operations after the grant period ends. Further, list any key partnerships or collaborations with aligned local and regional entities that enhance or ensure project success. You can add extra rows if needed.

| **Name and Title** | **Role** | **Relevant Experience** |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **Identification of major risks**

Describe any major risks to the success of the project and note strategies for mitigating them. Examples of major risks include product recalls; violations of state and Federal health and safety laws, regulations, and standards; labor availability; access to operating capital; and other legal risks.

|  |
| --- |
|  |

## Labor and personnel (up to 10 points)

1. **Jobs**

Describe the company’s workforce policy and how it contributes to the overall viability of the facility. Include:

* A discussion of pay scales relative to the position type and cost of living in the area where the facility is located
* Opportunities for professional training and advancement
* Workforce recruitment and retention strategies and how the company supports jobs in the community in which it is located.

|  |
| --- |
|  |

1. **Benefits and protections**

Describe the basic benefits provided to facility staff, the conditions and requirements under which benefits are provided, and the provisions that contribute to safe and healthy work. Include a description of any violations of state and Federal health and safety laws, regulations, and standards and how and when these violations were resolved.

|  |
| --- |
|  |

## Marine impact (up to 10 points)

1. **Fisheries Management**

Describes how the proposed project will result in fewer invasive, wild-caught catfish species in the marine ecosystem in the geography where the facility is located. Please use data to support your argument, where applicable.

|  |
| --- |
|  |

1. **Water and waste management**

Describe strategies that will reduce or mitigate the possibility of pollutants, including solid and other fish waste, from entering marine or surface water, or local sewer systems from the facility. Include descriptions of pollution control equipment or technology, or waste management systems, and permits required.

|  |
| --- |
|  |

**Community impact and support (up to 10 points)**

1. **Letters of support**

To receive points for this section, you must provide letters of support from state or local leadership, or from Tribal leadership, located where your proposed project activities will take place. **REMINDER**: If the applicant is not a member of the Tribe, or an entity owned or operated by that Tribe, a Tribal Resolution of Consent is required from the governing body of the Tribe with jurisdiction over the land where your proposed project is located.

Qualifying leadership includes state, local, and Tribal government officials, associations representing commercial fisheries, and labor unions.

All letters must:

1. Identify the stakeholder providing the letter and explain their connection to proposed project activities.
2. Describe the sustained community impact that will be supported by expansion activities to be carried out under the grant, and
3. Provide additional information relative to the project’s impact on the community’s long-term needs and goals.

**Discretionary Points, (up to 15 points)**

During Administrative Agency Review, up to 15 discretionary points may be assigned for projects to maximize diversity among awards on the basis of geography and species, including Apex Predators.

# Section 6: Other Supporting Information

Applicants are required to submit the following supporting documentation through Grants.gov. Please refer to the Tips for Applicants section in the NOFO for a list of acceptable file types and Section 4.2 Application Requirements in the NOFO for specific documentation required for each of the following:

| **Document** | **Details** |
| --- | --- |
| SF-424, Application for Federal Assistance | Maximum period of performance is 24 months |
| SF-424A, Budget Form – Non-Construction Programs | Budget Information – Non-Construction Programs |
| SF-424B, Assurances for Non-Construction Programs | Assurances for Non-Construction Projects |
| AD-2106 – Form to Assist in Assessment of USDA Compliance with Civil Rights Laws | Voluntary; not required |
| Project Narrative Application | Grant Purpose and Project Details. Narrative is limited to 20 pages, not including application template and Supporting Documents. |
| ☐ Environmental Information | Environmental checklist, or information covered in the checklist |
| Business Plan | Business Plan including rationale for proposed project |
| Financial Documents | Income Statement, Balance Sheets and Cash Flow Projections for the Facility |
| Resumes | Resumes of key personnel |
| Letters of Support | Evidence of community support for the project |
| Tribal Resolution of Consent – if applicable | For projects on Tribal lands |

# Section 7: Affirmations and Certifications

By signing and submitting the SF-424 family of forms “Application for Federal Assistance” as a part of your grant application package, you certify and affirm the following statements:

1. I do not have a known relationship or association with a USDA Rural Development employee. (If there is a relationship or relationships, you must identify each known USDA RD employee.)
2. As an applicant, I am a legal entity in good standing and operating in accordance with the laws of the state or states, or Tribe or Tribes, in which you have a place of business. This includes child labor laws.
3. I have not been found – and will not be found –unfit to obtain a grant of federal or state equivalent inspection because of federal or state court convictions of a felony or multiple misdemeanors involving the acquisition, handling, or distribution of adulterated or misbranded meat or poultry products, fraud in connection with transactions in food, or other similar factors.
4. If awarded a grant, I agree I will comply fully with all applicable USDA FSIS standards.
5. I acknowledge I possess a Federal Grant of Inspection, or plan to obtain a Federal Grant of Inspection during the period of performance of the award.
6. I certify that the facility is currently operating under all necessary licenses, certifications and inspections for processing seafood, including but not limited to a State’s seafood Department of Health Food Processing license or equivalent
7. I certify that I have disclosed all violations of state and Federal health and safety laws, regulations, and standards.  I also certify that I understand that the Agency may use my disclosure as well as any undisclosed information as part of its decision-making process for awards.
8. I certify I have developed a Hazard Analysis and Critical Control Points (HACCP) plan that includes catfish – or will revise an existing HACCP plan to include catfish and covers the entire grant period of performance.
9. I certify that I have the necessary certifications in place to ensure regulatory compliance with all food safety measures providing safe products to consumers.
10. I confirm that the state where my processing facility is located has a state aquatic nuisance species or invasive species management plan that includes catfish.
11. I confirm that any equipment required for my project is available or can be procured and delivered within the proposed project development schedule (barring unforeseen supply chain disruptions to availability) and will be installed to the manufacturer’s specifications and design requirements.
12. I have identified the balance of funding necessary (50 percent of total project costs) to complete the project according to the timeline and budget proposed in my application.
13. My project will be constructed following all applicable laws, regulations, agreements, permits, codes, and standards.

I further acknowledge and certify that:

1. I understand USDA Rural Development will check the Do Not Pay System to verify that – as the applicant – I have an active entity registration in the System for Award Management (SAM)
2. I have not been debarred or suspended from participation in federal programs
3. I am not listed on the Credit Alert Verification Reporting System, the U.S. Treasury Offset Program, or on Social Security death records
4. I understand I am responsible for resolving any issues reported in the Do Not Pay System. **NOTE**: If issues are not resolved by the time USDA Rural Development is prepared to award MPPEP grants, USDA Rural Development may instead award funds to other eligible applicants.

We recommend you use the MPPEP Phase 3 Application Checklist (available at this link: [tinyurl.com/2s346cmw](https://tinyurl.com/2s346cmw)) to ensure you are aware of all documents needed to ensure you file a complete application.

In accordance with Federal civil rights laws and USDA civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint](https://www.usda.gov/about-usda/general-information/staff-offices/office-assistant-secretary-civil-rights/how-file-program-discrimination-complaint) and at any USDA office or write a letter addressed to USDA and provide in the letter all information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW, Mail Stop 9410

Washington, D.C. 20250-9410; or

(2) Fax: (202) 690-7442; or

(3) Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)