Ohio Cooperative Development Center

2015-2016 Seed Grant Request for Proposals

Online Application:
go.osu.edu/ocdcseedgrant_2015

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southcenters.osu.edu/cooperatives

The Ohio Cooperative Development Center is supported by the United States Department of Agriculture and The Ohio State University South Centers.
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III. Evaluation of Proposals Scoring Sheet
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I. Seed Grant Information

The Ohio Cooperative Development Center (OCDC) Seed Grant Program is available to groups interested in exploring the formation of a new cooperative and to assist existing cooperatives. To be eligible, the applicant must be a group exploring cooperative opportunities or a cooperative or cooperative-like entity expanding into a new market or enterprise, be based in Ohio or West Virginia, and benefit a rural area. The OCDC Seed Grant Program is a reimbursement program requiring that 35% of the project costs are provided in matching funds from awardees. The total OCDC Seed Grant allocation is approximately $12,000.

Deadline for Submission:

The first-round deadline to submit an application is Wednesday, December 16, 2015 by 5 pm. All applications submitted prior to this date will be evaluated following the deadline. If funds remain in the OCDC Seed Grant allocation following first-round awards, subsequent applications will be reviewed on a first-come, first-served basis until the OCDC Seed Grant allocation is met. Project activities for subsequent applications may begin no earlier than the award approval date. OCDC does not guarantee multiple rounds of funding for the Seed Grant Program.

Seed Grants, up to $4,000 each, will be available to support projects for feasibility and formation activities as well as expansion implementation activities.

Feasibility / Formation projects may include research and early planning, feasibility study, and formation services activities. Examples include legal and/or professional fees, focus groups, development of articles of incorporation, financial projections, and other work directed at exploring the feasibility and/or formation of a cooperative or cooperative-like business.

Implementation projects by existing cooperatives or member-controlled businesses may include projects to expand the cooperative into new markets and/or enterprises. Examples of eligible expenses include marketing and promotions, contract services, training and development, accounting systems, bylaw completion, and contractual document development.

Applicants should read the "Ineligible Uses of Grant Funds" section of this packet prior to completing the application.

Grant period:

Project activities may begin no earlier than January 1, 2016, and must be completed prior to September 2, 2016. Project activities for subsequent applications following the first round of funding may begin no earlier than the award approval date. Proper documentation (paid receipts, paid invoices, copy of the work product, etc.) must be submitted to OCDC by 5 pm September 16, 2016 in order to receive reimbursement. Awardees must complete the project and provide proper documentation of the work completed and payment for this work in order to receive reimbursement.
Matching Funds:

Recipients must provide 35% matching funds for project costs. The program will provide funds for up to 65% of the total cost of the seed grant project with the remaining 35% provided by the applicant. This program requires that at least 50% of matching funds be provided in cash; the remaining 50% of matching funds can be provided as an in-kind contribution. Applicants will be required to verify the source and availability of matching funds in the application, using the document “Verification of Matching Funds.”

Calculating Matching Funds:

When calculating matching fund requirements, please round up or down to whole dollars as appropriate. To calculate matching funds,

1. Divide the amount of funds being requested by .65 in order to calculate total project costs. ($4,000/.65=$6,154)
2. Subtract the amount of funds being requested from the total project costs in order to calculate the matching funds requirement. ($6,154-$4,000=$2,154)

Alternatively, match requirements can be calculated by multiplying the total project costs by .35.

Matching funds must meet the criteria outlined in the “Cost Sharing or Matching Information Sheet” in this packet.

Application Evaluation:

All applications will undergo a technical review by OCDC staff in order to ensure eligibility for funding. In order to be considered for funding, all applications must meet the requirements detailed in sections of this packet entitled “Part I: Seed Grant Information,” and “Ineligible Uses of Grant Funds.” Applications must also be complete including the sections detailed in the Application Guidelines.

Following technical review, eligible projects will be reviewed and scored by members of the OCDC Advisory Committee according to the “Evaluation of Proposals Scoring Sheet.” Note that cooperatives or cooperative-like groups that have not previously received OCDC Seed Grant funding will be given preference during the review process.

Applicants submitting for consideration in the first round of funding will be notified of their award status by December 31, 2015. Groups submitting applications following the first round of funding, contingent upon the availability of additional funds, will be notified of their award status within approximately 14 days of their application being submitted for review.

Note: All grants made through this program are subject to Title VI of the Civil Rights Act of 1964 as required by the USDA (7 CFR part 15, subpart A), to Equal Employment Opportunity regulations, and to USDA Drug-Free Workplace requirements. You can find more information regarding Civil Rights Laws and Regulations at http://www.fns.usda.gov/cr/civil-rights-laws-regulations-executive-orders-and-related-other-guidance.
Grant awardees will be required to:

1. Submit the following forms to The Ohio State University as soon as possible following award notification:
   a. The Ohio State University Research Foundation Purchase Order

   Awardees will receive this form following their award notification and should complete the documents following the directions included with the form.

2. Submit the following forms to the Ohio Cooperative Development Center at The Ohio State University South Centers as soon as possible following award notification:
   a. U.S. Department of Agriculture Certification Regarding Debarment
   b. U.S. Department of Agriculture Certification Regarding Drug-Free Workplace Requirements
   c. The Ohio State University Agreement of Understanding and Compliance with Civil Rights Laws
   d. The Ohio State University AA/EEO Data Collection Forms
   e. Ohio Small Business Development Center Request for Consultation

   Awardees will receive appropriate forms following their award notification and should complete the documents following the directions included with the forms.

3. Document all project costs and submit documentation to the Ohio Cooperative Development Center by September 16, 2016. Documentation for contract services or miscellaneous/supplies must include paid receipts or invoices. Documentation for personnel and travel costs must include the “Personnel Expenses Records Form” and/or “Travel and Related Expenses Records Form” included the application packet appendix.

4. Submit an invoice to The Ohio State University detailing all project expenses, including matching contributions, and indicating the total amount to be reimbursed. The invoice must be submitted to the Ohio Cooperative Development Center by September 16, 2016.

5. Submit a Final Project Report (2-3 pages), which discusses the project activities and outcomes to the Ohio Cooperative Development Center by September 16, 2016. Examples of outcomes can include cooperative formation, sales increases, members gained, costs avoided, and completion of significant plans, studies, or documents, among others.
II. Application Guidelines

Please send all materials outlined below to the Ohio Cooperative Development Center, Kimberly Roush, 1864 Shyville Road, Piketon, Ohio 45661 or email as a single document to roush.143@osu.edu.

The deadline to submit an application for the first round of funding is Wednesday, December 16, 2015. Contingent on available funding, subsequent applications will be accepted until the OCDC Seed Grant allocation is met. Applicants may contact Kimberly Roush, OCDC Program Assistant, at roush.143@osu.edu or 740-289-2071 x 232 for information about seed grant availability.

1. **Cover Sheet (1 page)** - The cover sheet must be completed with contact information, a brief summary of proposed project, and signature. (See cover sheet form)

2. **Proposed Narrative (3-4 pages)** - Please write a proposal narrative that tells the story of your organization and your project. It should answer the following questions.
   
   a. **Who are you?** Include a brief description about your cooperative, why your group came together, objectives, mission or vision, and accomplishments so far.
   
   b. **What is your project and how does it benefit a rural area?** Explain the purpose of the Seed Grant request and the problem or opportunity that the project will address. Demonstrate how this project fits with your group’s mission as well as how it is intended to benefit a rural area.
   
   c. **What are the objectives and benefits of the project to the group?** Explain what you want to achieve by carrying out the project and how this will benefit your cooperative. Be specific about the objectives you hope to attain. Examples of objectives and/or potential benefits can include cooperative formation, sales increases, members gained, costs avoided, and completion of significant plans, studies, or documents, among others.
   
   d. **What is your Plan of Action to complete the project?** Provide a timeline that highlights the estimated start and end date, objectives and outcome and evaluation method for each objective.
   
   e. **What are your funding sources?** Explain the source of funds for completing the project. Remember this is a reimbursement program. Awardees must complete the project and provide proper documentation of the work completed and payment for this work in order to receive reimbursement.

3. **Budget (1 page)** - Include a budget worksheet which includes the total project costs, including expenses itemized by category, matching funds amount and amount of funding requested. (See “Budget Worksheet”)

4. **Verification of Matching Funds** - Complete the “Verification of Matching Funds” form included in this packet in order to verify the source and availability of matching funds for the proposed project.
Cooperative Name: __________________________________________________________

Contact Person: ____________________________________________________________

County: ___________________________ Phone: ________________________________

Email Address: __________________________ Fax: ______________________________

Mailing Address: _____________________________________________________________________________

_____________________________________________________________________________________

SSN or Tax ID Number: _________________________________________________________________

Type of Seed Grant (Select One):

1. Feasibility/ Formation ______

2. Implementation ______

Amount Requested: _________________________________________________________________

Brief Summary of Proposed Project:

We, ___________________________, agree to complete the below project, if funded, and provide appropriate documentation (paid receipts, paid invoices, completed work product, etc.) directly to OCDC, 1864 Shyville Rd., Piketon, OH 45661 or roush.143@osu.edu by 5 p.m. September 16, 2016 in order to receive grant funds for reimbursement.

_________________________________________________ __________________________
Signature of Applicant Date
### Budget Worksheet

**Budget Summary:**

<table>
<thead>
<tr>
<th></th>
<th>Estimated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td></td>
</tr>
<tr>
<td>Contract Services</td>
<td></td>
</tr>
<tr>
<td>Miscellaneous/Supplies</td>
<td></td>
</tr>
</tbody>
</table>

| Total Project Cost: | |
| Matching Funds:     | |
| Total Reimbursement Requested: | |

**Detailed Expenses:**

Please provide a list below of specific costs for each category and the proposed cost. For example, under contract services you could list brochure design ($500), signage printing ($250), etc.
Verification of Matching Funds

In order to carry out the proposed 2015-2016 Ohio Cooperative Development Center (OCDC) Seed Grant project, I verify the following information:

Applicant Name: ________________________________

Total Project Cost: __________  Total Applicant Matching Contribution: __________

Identify below all source(s), amounts, and uses of your matching contribution that your organization currently has available and committed to eligible project costs for the 2015-2016 OCDC Seed Grant program.

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Matching Amount</th>
<th>Use of Funds for Proposed Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking or savings</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Certificate of Deposit</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Money Market</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Mutual Funds</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Salaries</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other (Specify):</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Total Matching Amount</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Print Name of Authorized Representative: ________________________________

Signature of Authorized Representative: ________________________________  Date: _____
III. Evaluation of Proposals Scoring Sheet

2015-2016 OCDC Seed Grant
Program Evaluation of Proposals

Organization Name: ____________________________________________

<table>
<thead>
<tr>
<th>Category</th>
<th>Scoring Description</th>
<th>Points Available</th>
<th>Points Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>First-Time Awardee Preference</td>
<td>The application describes the mission and objectives of the cooperative or proposed cooperative and any accomplishments of the project to this point. The applicant appears qualified and capable of carrying out the proposed project.</td>
<td>15</td>
<td></td>
</tr>
<tr>
<td>Who are you?</td>
<td>The application must explain the purpose of the request and the need this project will address. The project must show a fit with the organization’s overall mission and a benefit to a rural area of Ohio or West Virginia.</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>What is your project?</td>
<td>The application must show the benefits to completing this project and the objectives wanted to achieve in this project.</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>What are your objectives for the project?</td>
<td>The application must show the benefits to completing this project and the objectives wanted to achieve in this project.</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>What is your Plan of Action to complete the project?</td>
<td>The time line identifies the beginning and ending dates of the activities and is realistic for accomplishing the activities. There must also be an evaluation/outcome for the proposed project.</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>What are your funding sources?</td>
<td>Does the applicant show financial ability to complete the project?</td>
<td></td>
<td>5</td>
</tr>
<tr>
<td>Budget</td>
<td>The budget is accurate and realistically shows all expenses. The budget is appropriate for this type of project. Applicant has met the matching funds requirement.</td>
<td></td>
<td>15</td>
</tr>
<tr>
<td>Total Points:</td>
<td></td>
<td>100</td>
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</table>

Notes:______________________________________________________________________________

Evaluator:  __________________________________________________________________________
IV. Ineligible Uses of Grant Funds

Grant funds shall not be used to pay for any of the following activities:

a. To duplicate current services or replace or substitute support previously provided. **Current services and support previously provided include personnel costs related to the performance of normal job duties.** If the current service is inadequate, however, grant funds may be used to expand the level of effort or services beyond that which is currently being provided;

b. To pay costs of preparing the application package for funding under this program;

c. To pay costs of the project incurred prior to the date of grant approval;

 d. To fund political activities;

e. To pay for assistance to any private business enterprise that does not have at least 51 percent ownership by those who are either citizens of the United States or reside in the United States after being legally admitted for permanent residence;

f. To pay any judgment or debt owed to the United States;

g. To plan, repair, rehabilitate, acquire, or construct a building or facility, including a processing facility;

h. To purchase, rent, or install fixed equipment, including laboratory equipment or processing machinery;

i. To pay for the repair of privately owned vehicles;

j. To pay costs of the project where a conflict of interest exists.
§ 3019.23 Cost sharing or matching.

(a) All contributions, including cash and third party in-kind, shall be accepted as part of the recipient’s cost sharing or matching when such contributions meet all of the following criteria:

(1) Are verifiable from the recipient’s records.
(2) Are not included as contributions for any other federally-assisted project or program.
(3) Are necessary and reasonable for proper and efficient accomplishment of project or program objectives.
(4) Are allowable under the applicable cost principles.
(5) Are not paid by the Federal Government under another award, except where authorized by Federal statute to be used for cost sharing or matching.
(6) Are provided for in the approved budget when required by the Federal awarding agency.
(7) Conform to other provisions of this part, as applicable.

(b) Unrecovered indirect costs may be included as part of cost sharing or matching only with the prior approval of the Federal awarding agency.

(c) Values for recipient contributions of services and property shall be established in accordance with the applicable cost principles. If a Federal awarding agency authorizes recipients to donate buildings or land for construction/facilities acquisition projects or long-term use, the value of the donated property for cost sharing or matching shall be the lesser of paragraphs (c)(1) or (c)(2) of this section.

(1) The certified value of the remaining life of the property recorded in the recipient’s accounting records at the time of donation.
(2) The current fair market value. However, when there is sufficient justification, the Federal awarding agency may approve the use of the current fair market value of the donated property, even if it exceeds the certified value at the time of donation to the project.

(d) Volunteer services furnished by professional and technical personnel, consultants, and other skilled and unskilled labor may be counted as cost sharing or matching if the service is an integral and necessary part of an approved project or program. Rates for volunteer services shall be consistent with those paid for similar work in the labor market in which the recipient competes for the kind of services involved. In either case, paid fringe benefits that are reasonable, allowable, and allocable may be included in the valuation.

(e) When an employer other than the recipient furnishes the services of an employee, these services shall be valued at the employee’s regular rate of pay (plus an amount of fringe benefits that are reasonable, allowable, and allocable, but exclusive of overhead costs), provided these services are in the same skill for which the employee is normally paid.

(f) Donated supplies may include such items as expendable equipment, office supplies, laboratory supplies or workshop and classroom supplies. Value assessed to donated supplies included in the cost sharing or matching share shall be reasonable and shall not exceed the fair market value of the property at the time of the donation.

(g) The method used for determining cost sharing or matching for donated equipment, buildings and land for which title passes to the recipient may differ according to the purpose of the award, if paragraphs (c)(1) or (c)(2) of this section apply.

(1) If the purpose of the award is to assist the recipient in the acquisition of equipment, buildings or land, the total value of the donated property may be claimed as cost sharing or matching.

(2) If the purpose of the award is to support activities that require the use of equipment, buildings or land, normally only depreciation or use charges for equipment and buildings may be made. However, the full value of equipment or other capital assets and fair rental charges for land may be allowed, provided that the Federal awarding agency has approved the charges.

(h) The value of donated property shall be determined in accordance with the usual accounting policies of the recipient, with the following qualifications.

(1) The value of donated land and buildings shall not exceed its fair market value at the time of donation to the recipient as established by an independent appraiser (e.g., certified real property appraiser or General Services Administration representative) and certified by a responsible official of the recipient.

(2) The value of donated equipment shall not exceed the fair market value of equipment of the same age and condition at the time of donation.

(3) The value of donated space shall not exceed the fair rental value of comparable space as established by an independent appraisal of comparable space and facilities in a privately-owned building in the same locality.

(4) The value of loaned equipment shall not exceed its fair rental value.

(5) The following requirements pertain to the recipient’s supporting records for in-kind contributions from third parties:

(1) Volunteer services shall be documented and, to the extent feasible, supported by the same methods used by the recipient for its own employees.

(2) The basis for determining the valuation of personal service, material, equipment, buildings and land shall be documented.
## VI. Appendix A: Documentation Forms

### Travel and Related Expenses Records

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<th>Date:</th>
<th>Purpose of Travel:</th>
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Miles: $\text{X}$ Reimbursement Rate: $\text{$_$}$ = Total Amount: $\text{$_$}$

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Miles: $\text{X}$ Reimbursement Rate: $\text{$_$}$ = Total Amount: $\text{$_$}$

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Miles: $\text{X}$ Reimbursement Rate: $\text{$_$}$ = Total Amount: $\text{$_$}$

<table>
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<tr>
<th>Lodging: $\text{$<em>$}$ + Meals: $\text{$</em>$}$ = Total Amount: $\text{$_$}$</th>
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<th>Traveler:</th>
<th>Total Amount: $\text{$_$}$</th>
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</table>

By signing above, the employee/volunteer certifies that they completed activities for an OCDC Seed Grant award as detailed above and have been paid for these activities.
Personnel Expenses Records

Duties/Tasks Performed: ____________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

**DATE** From: ___________________________ To: ___________________________

Hours: ________ X Reimbursement Rate: $__________ = Total Amount: $__________

Total Fringe Benefits: $__________ Grant Total Amount: $__________

Duties/Tasks Performed: __________________________________________________________

Employee Signature: ______________________________________ Total Amount: $__________

By signing above, the employee/volunteer certifies that they completed activities for an OCDC Seed Grant award as detailed above and have been paid for these activities.

Note: Attach copies of paycheck