Ohio Cooperative Development Center

2016-2017 Seed Grant Request for Proposals

Online Application:
go.osu.edu/ocdcseedgrant_2016

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southcenters.osu.edu/cooperatives
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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 30% of the project costs are provided in matching funds from awardees.

Deadline for Submission:

The deadline to submit an application is Monday, December 12, 2016 by 4 p.m. All applications submitted prior to this date will be evaluated following the deadline.

Applicants may submit proposals for a technical review by OCDC staff prior to final submission on Monday, December 12. Technical reviewers will not score applications, but will check to ensure that project purposes and costs align with the Seed Grant Programs' goals and eligibility. Applicants must submit proposals to OCDC staff requesting a technical review by 4 p.m. on Monday, December 5. Proposals submitted after this deadline, will NOT be reviewed for eligibility by staff.

Seed Grants, up to $8,000 each, will be available to support projects for feasibility and formation activities as well as expansion or 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 Sunday, January 1, 2017, and must be completed prior to Friday, September 1, 2017. Proper documentation (paid receipts, paid invoices, copy of the work product, etc.) must be submitted to OCDC by 4 p.m. Monday, September 18, 2017 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 30% matching funds for project costs. The program will provide funds for up to 70% of the total cost of the seed grant project with the remaining 30% provided by the applicant. Matching funds can be provided as cash or in-kind services. **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 .70 in order to calculate total project costs. ($8,000/.70=$11,429)
2. Subtract the amount of funds being requested from the total project costs in order to calculate the matching funds requirement. ($11,429-$8,000=$3,429)

Alternatively, match requirements can be calculated by multiplying the total project costs by .30.

*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 will be notified of their award status by Friday, December 30, 2016. Applicants, who are awarded grants, must formally accept their award by 4 p.m. on Tuesday, January 31, 2017. Requirements for formal acceptance are detailed on page 5 of this Request for Proposals.**

**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](http://www.fns.usda.gov/cr/civil-rights-laws-regulations-executive-orders-and-related-other-guidance).
Grant awardees will be required to:

1. In order to formally accept a Seed Grant Award by Tuesday, January 31, 2017:
   a. Sign and return a copy of the Seed Grant Award Letter
   b. Submit the following forms to the Ohio Cooperative Development Center at The Ohio State University South Centers:
      i. U.S. Department of Agriculture Certification Regarding Debarment
      ii. U.S. Department of Agriculture Certification Regarding Drug-Free Workplace Requirements
      iii. The Ohio State University Agreement of Understanding and Compliance with Civil Rights Laws
      iv. The Ohio State University AA/EEO Data Collection Forms
      v. Ohio Cooperative Development Center Request for Technical Assistance

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

2. 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.

3. Document all project costs and submit documentation to the Ohio Cooperative Development Center by Monday, September 18, 2017.
   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 or other appropriate documentation. Awardees should consult OCDC staff with questions regarding documentation.
   a. Note: All changes to approved project budgets must be submitted to OCDC staff and approved in writing prior to expenditure.

4. After project completion, submit an invoice for reimbursement to The Ohio State University Research Foundation and the Ohio Cooperative Development Center detailing all project expenses, including matching contributions, and indicating the total amount to be reimbursed (see example in Appendix A: Documentation Forms). The invoice must be submitted to the Ohio Cooperative Development Center by Monday, September 18, 2017.

5. Submit a Midterm and Final Project Report (2-3 pages), which discusses the project activities and outcomes to the Ohio Cooperative Development Center by Monday, May 15, 2017 (Midterm) and Monday, September 18, 2017 (Final). Examples of outcomes can include cooperative formation, sales increases, capital infusion, 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 is Monday, December 12, 2016.

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 on page 5)

2. **Proposed Narrative (4-6 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. If your organization has been awarded OCDC Seed Grant funding in the past, please discuss how you have utilized this funding and what project objectives were achieved.

   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?** 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 can include cooperative formation, sales increases, capital infusion, members gained, costs avoided, and completion of significant plans, studies, or documents, among others. Provide information about how you will measure and evaluate each objective.

   d. **What is your plan of action to complete the project?** Provide a timeline that highlights the estimated start and end date as well as major project activities. Identify key personnel for completing the project.

   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. **Note that all changes to the approved project budget must be pre-approved by OCDC staff in writing prior to expenditure** (see Budget Worksheet on page 6).

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:______________________________________________________

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 4 p.m. Monday, September 18, 2017 in order to receive reimbursement.

Signature of Applicant __________________________ Date __________________________
# Budget Worksheet

## Budget Summary

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

**Total Reimbursement Requested:**

**Matching Funds:**

**Total Project Cost:**

## 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.

**Note:** *All changes to the approved project budget must be pre-approved by OCDC staff in writing prior to expenditure.*
Verification of Matching Funds

In order to carry out the proposed 2016-2017 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 2016-2017 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: __________

*Personnel costs and salaries are ineligible if they are for the performance of normal job duties. Personnel costs are eligible if they are exclusively used for the completion of the Seed Grant project in addition to normal job duties.
## III. Evaluation of Proposals Scoring Sheet

### 2016-2017 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>Who are you?</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></td>
<td>10</td>
</tr>
<tr>
<td>What is your project?</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 and OCDC's overall mission and a benefit to a rural area of Ohio or West Virginia.</td>
<td></td>
<td>20</td>
</tr>
<tr>
<td>What are your objectives for the project?</td>
<td>The application must show the expected economic and business development impacts of this project and the objectives wanted to achieve in this project. Proposals must outline how objectives will be achieved and evaluated.</td>
<td></td>
<td>30</td>
</tr>
<tr>
<td>What is your plan of action to complete the project?</td>
<td>A timeline identifies the beginning and ending dates of the activities and is realistic for accomplishing the activities. The proposal indicates key personnel that will be required for completing activities.</td>
<td></td>
<td>10</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>10</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>10</td>
</tr>
<tr>
<td>Priority points</td>
<td>Projects will be awarded priority points based on geographic considerations, including but not limited to whether they are located in Appalachia or USDA StrikeForce areas, as well as past funding from the OCDC Seed Grant program.</td>
<td></td>
<td>10</td>
</tr>
</tbody>
</table>

**Total Points:** 100

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.
V. Cost Sharing or Matching Information Sheet

Other rules for matching funds that you must follow are listed below.

- They must be spent on eligible expenses during the grant period.
- They must be from eligible sources.
- They must be spent in advance or as a pro-rata portion of grant funds being spent.
- They must be provided by either the applicant or a third party in the form of cash or an in-kind contribution.
- They cannot include board/advisory council members’ time.
- They cannot include other Federal grants unless provided by authorizing legislation.
- They cannot include cash or in-kind contributions donated outside the grant period.
- They cannot include over-valued, in-kind contributions.
- They cannot include any project costs that are ineligible under the RCDG program.
- They cannot include any project costs that are unallowable under the applicable grant “Cost Principles,” including 2 CFR part 200, subpart E, and the Federal Acquisition Regulation (for-profits) or successor regulation.
- They can include loan funds from a Federal source.
- They can include travel and incidentals for board/advisory council members if you have established written policies explaining how these costs are normally reimbursed, including rates. You must include an explanation of this policy in your application or the contributions will not be considered as eligible matching funds.
- You must be able to document and verify the number of hours worked and the value associated with any in-kind contribution being used to meet a matching funds requirement.
- In-kind contributions provided by individuals, businesses, or cooperatives which are being assisted by you cannot be provided for the direct benefit of their own projects as USDA Rural Development considers this to be a conflict of interest or the appearance of a conflict of interest.
### Invoice Sample

**Your Company Name and Logo Here**

**c/o Contact Name**
**000 Your Street**
**City, OH 40000**

**Phone: 555-555-5555**
**Fax: 555-555-5555**

**Send Invoice and receipts to:**
The Ohio State University
Research Foundation
Attn: Andrew Jasin
1960 Kenny Road, Fourth Floor
Columbus, OH 43210-1063

**Send a copy of all to:**
OSU South Centers OCDC
Attn: Kimberly Roush
1864 Shyville Road
Piketon, Ohio 45661
740-289-2071 x-232

### Insert: BRIEF SCOPE OF WORK SUMMARY:

<table>
<thead>
<tr>
<th>LINE ITEM</th>
<th>PROPOSED AMOUNT</th>
<th>PROPOSED COST SHARE</th>
<th>ACTUAL AMOUNT</th>
<th>RECEIPT REF#</th>
<th>ACTUAL COST SHARE MET</th>
<th>RECEIPT REF#</th>
<th>AMOUNT INVOICED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>$1,000</td>
<td>$500 match</td>
<td>$999</td>
<td>1a, 1c</td>
<td>$500</td>
<td>1b</td>
<td>$1,000</td>
</tr>
<tr>
<td>Personnel Cost Share</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel</td>
<td>$500</td>
<td>$500 match</td>
<td>$500</td>
<td>2a</td>
<td>$500</td>
<td>2b</td>
<td>$500</td>
</tr>
<tr>
<td>Travel Cost Share</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contract Services</td>
<td>$1,250</td>
<td>0</td>
<td>$1,250</td>
<td>3a, 3b, 3c</td>
<td>0</td>
<td>na</td>
<td>$1,250</td>
</tr>
<tr>
<td>Miscellaneous/Supplies</td>
<td>$250</td>
<td>0</td>
<td>$250</td>
<td>4a</td>
<td>0</td>
<td>na</td>
<td>$250</td>
</tr>
</tbody>
</table>

| PROPOSED AMOUNTS:          | $3,000          | $1,000              |               |              |                       |              |                 |
| Invoice                    |                 |                     |               |              |                        |              |                 |
| Cost Share                 |                 |                     |               |              |                        |              |                 |

Make all checks payable to **Your Company Name Here – Contact Name**

**Payment Terms:** Payment terms are net 30 days from receipt and acceptance of all deliverables

**Thank you for your business!**

**INVOICE**

**YOUR INVOICE #000**

**Date:** September 18, 2017

**For:**
OCDC Seed Grant Reimbursement

The Ohio State University
Research Foundation
P.O. #: 0000

**TOTAL INVOICE AMOUNT DUE:** $3000.00
Travel and Related Expenses Records

Date: ____________ Purpose of Travel: ___________________________________________________

From: ___________________________ To: ________________________________________________

Miles: ________ X Reimbursement Rate: $__________ = Total Amount: $______________

Lodging: $____________ + Meals: $____________ = Total Amount: $____________

-----------------------------------------------------------------------------------------------------------------------------

Date: ____________ Purpose of Travel: ___________________________________________________

From: ___________________________ To: ________________________________________________

Miles: ________ X Reimbursement Rate: $__________ = Total Amount: $______________

Lodging: $____________ + Meals: $____________ = Total Amount: $____________

-----------------------------------------------------------------------------------------------------------------------------

Date: ____________ Purpose of Travel: ___________________________________________________

From: ___________________________ To: ________________________________________________

Miles: ________ X Reimbursement Rate: $__________ = Total Amount: $______________

Lodging: $____________ + Meals: $____________ = Total Amount: $____________

-----------------------------------------------------------------------------------------------------------------------------

Date: ____________ Purpose of Travel: ___________________________________________________

From: ___________________________ To: ________________________________________________

Miles: ________ X Reimbursement Rate: $__________ = Total Amount: $______________

Lodging: $____________ + Meals: $____________ = Total Amount: $____________

-----------------------------------------------------------------------------------------------------------------------------

Traveler ___________________________ 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.
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: ____________________________________________________________

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