



Business Builder Subawards, Round 1

Sample PDF Application

ONLINE APPLICATION SUBMISSIONS ONLY!

Please visit the [link here](#) to complete and submit the application in the application portal.

Please complete the questions below, providing as much detail as possible given the character limits for each question. A team of Reviewers will evaluate which of the applications best align with the Northeast Regional Food Business Center's goals for Business Builder grants.

Be sure to refer to the Northeast Regional Food Business Center Business Builder RFA ([linked here](#)) as you complete detailed answers to each question. The RFA is the best guide to the goals, outcomes, outputs and other important information required by this funding program.

As a reminder terms with an asterisk (*) beside them have been defined by the Northeast Regional Food Business Center and can be found in the Glossary of Terms ([linked here](#)).

Primary Contact and Authorizing Official

The Primary Contact is the person in your organization who should be contacted regarding questions about your application. The Authorizing Official is the person in your organization who is authorized to enter into a subaward agreement with the NASDA Foundation.

Primary Contact

- Name
- Phone
- Email

Authorizing Official

- Name
- Title
- Phone
- Email

Data Profile

Primary Entity Type

Select one.

- Farmer, Rancher, Waterman
- Food hub
- Distributor
- Non-profit Organization
- Farmers Market
- Cooperative Food Aggregator (Other than food hub)
- Processor
- Value-added Production
- Retailer (e.g. Grocer)
- Other (*please specify*)

Secondary Entity Type

Select all that apply.

- Farmer, Rancher, Waterman
- Food hub
- Distributor
- Non-profit Organization
- Farmers Market
- Cooperative Food Aggregator (Other than food hub)
- Processor
- Value-added Production
- Retailer (e.g. Grocer)
- Other (*please specify*)

New/Established Business

Is this a new (within the past 12 months) or established business/organization? Please select one.

- New (within the past 12 months)
- Established (in operation longer than 12 months)

Years in Operation

How many years has the business been in operation under the current ownership/management?

- Less than 1 year
- 1 to 2 years
- 3 to 5 years

- 6 to 9 years
- 10+ years
- N/A - Not a farm or food business

Agriculture Sector

- Dairy
- Fish, Shellfish, and Other Seafood
- Foraged and Wild Harvested Food (not including fish or shellfish)
- Grains, Pulses, or Oil Seeds
- Herbs
- Livestock or Meat
- Poultry/Eggs
- Vegetables, Fruits, or Tree Nuts
- Other *(please specify)*

Describe your current business operations (including staff, markets, products, production, and distribution). (1500 characters)

Do you have a financial management or accounting system?

- Yes
- No

How have you determined that the project activities proposed for this funding are a good fit for your business at this stage? (1500 characters)

What limitations do you see within your business, leadership, or staff? How will you address these limitations? (1500 characters)

What do you see as your business's biggest strengths? (1500 characters)

Project Information

Project Title

Please provide a project title that reflects the activities being conducted, clearly describing the project or business. Ex: Increasing Cold Storage Capacity and Market Access for ABC Seafood Processor

Proposed Project Start Date

(Enter a date between August 1, 2025 and July 31, 2027.)

Proposed Project End Date

(Enter a date between August 1, 2025 and July 31, 2027.)

Project Summary

Provide a brief description of the project, including the project's purpose and expected outcomes.
(500 characters)

Plan of Work

The purpose of the plan of work is to ensure steps to complete this project have been thoughtfully and thoroughly considered. For example, an applicant applying for Track 1: Special Purpose Equipment and only using funds for equipment might list project activities including:

1) purchase equipment, 2) install equipment, and 3) train other employees on equipment.

Select the number of project activities that will lead to the successful completion of your project. A minimum of 3 is required.

- 3
- 4
- 5

In the fields below describe project activities that will lead to the successful completion of your project, including the person responsible for each activity, the timeline to complete each activity, and the expected outcomes for each activity.

For each activity:

Description of Activity *(1500 characters)*

Person Responsible *(500 characters)*

Activity Start Date: *mm/dd/yyyy*

Activity End Date: *mm/dd/yyyy*

Outcome/What determines success? *(500 characters)*

Track Selection - Impact on Business

Business Builder offers three track options.

Track 1: Special Purpose Equipment

Funding for individual, small-sized farm and food businesses, including aquaculture and wild-caught fisheries, to purchase special-purpose equipment. Includes complementary equipment technical assistance, installation and maintenance for that equipment. Farm and food businesses with \$350,000 or less in annual sales are eligible to apply.

Minimum Request Amount - \$25,000; Maximum - \$50,000; 2 years.

Track 2: Business Development

Funding for individual, small-sized farm and food businesses, including aquaculture and wild-caught fisheries, leveraging technical assistance to support business financial acumen and industry knowledge. Farm and food businesses with \$350,000 or less in annual sales are eligible to apply.

Minimum Request Amount - \$15,000; Maximum - \$25,000; 2 years.

Track 3: Product and Market Expansion

Funding for individual, small-sized farm and food businesses, including aquaculture and wild-caught fisheries, leveraging technical assistance to support business financial acumen and industry knowledge. Farm and food businesses with \$1,000,000 or less in annual sales are eligible to apply.

Minimum Request Amount- \$50,000; Maximum - \$100,000; 2 years

Based on the descriptions above, which Track is your business applying for?

- [Track 1: Special Purpose Equipment](#)
- [Track 2: Business Development](#)
- [Track 3: Product and Market Expansion](#)

Activities and Investments Supported with Business Builder Funds

Which of the following activities or investments will these grant funds support?

- Software Implementation
- Purchase of Special Purpose Equipment
- Value Chain and Supply Chain Coordination and Innovation
- Product Development
- Business Expansion
- Trainings
- Maintenance
- Other (*please specify*)

Track 1 Only:

Will your business need development, marketing assistance, installation support in conjunction with the equipment?

- Yes
- No
- If "Yes": **Please describe what development, marketing assistance and/or, installation support your business will need in conjunction with the equipment? (1500 characters)**
- **What % of the total funding request does this assistance or support represent?**

Statement of Need

What need or gap does this project address for your business? *(1500 characters)*

Project Function within Business

Describe the specialized equipment and/or training you are requesting and its function in your operations. *(1500 characters)*

Background

Describe how you determined that this is the most appropriate piece of equipment and/or training for your needs. (This could include steps in research, price comparisons, or foreseeable problems and how you might overcome them). *(1500 characters)*

Impact on Capacity

Describe how this equipment and/or training will increase the capacity of your business. *(1500 characters)*

Impact on Viability

Describe how this equipment and/or training will increase the viability of your business. (This could include increased sales, greater production, increased efficiency, expanded customer reach, etc.) *(1500 characters)*

Budget Worksheet

All applicants must complete a detailed budget worksheet for your project.

Indirect costs are not allowed unless an entity has a Negotiated Indirect Cost Rate (NICRA). For these entities, a copy of the approved NICRA must be submitted with their application.

Name: Start Date: End Date:		
Item	Budgeted	Actual
Personnel Costs		-
Travel		-
Equipment		-
Supplies		-
Contractual		-
Indirect Costs <i>(must be blank unless business has a NICRA)</i>		-
Other <i>(Additional lines as needed)</i>		-

Budget Justification

Please add a detailed Budget Worksheet that covers all aspects of your (up to) 24-month project. Please list and describe each line item, using estimates when needed. Budget Amendments will be allowed during the duration of the project. However, we do want your application to reflect your best estimate of how you expect to expend project funds during the full project period. *(1500 characters)*

Indirect costs are not allowed unless an entity has a Negotiated Indirect Cost Rate (NICRA). For these entities, a copy of the approved NICRA must be submitted with their application.

Total Amount Requested:

Impact on Northeast Food Systems

Geographic Area of Proposed Project

Please indicate any surrounding states served by your project that technically fall outside of the Northeast Center's geographic area. If none please write N/A. (500 characters)

Sourcing of Raw Ingredients

Of the raw ingredients that your business uses, approximately what percent are sourced within the geographic region of the Northeast Center?

- All or almost all (75%-100%)
- 50% to 74%
- 25% to 49%
- Occasionally or Never

Regional Impacts: Markets

Describe how this equipment and/or training will assist your business in accessing new markets or expanding current markets. (1500 characters)

Regional Impact: Supply Chain

Describe how this equipment and/or training will help your business further expand and integrate into community and/or regional supply chains? (producers, distributors, aggregators, food hubs, retail, etc.) (1500 characters)

Program Compliance

Answers to the following questions will not be scored. Answers will be considered by the Administrative Organization for overall USDA program compliance and to identify training needs.

Unique Entity Identifier (UEI)

Applicants must either present a valid Unique Entity Identifier (UEI) number acquired via SAM.gov, or provide documentation that proves they are in the process of obtaining a UEI at the time of application submission.

Does the applicant organization have a UEI?

- Yes
 - No
- If yes, **Please provide the applicant organization's UEI:**
 - If no, **Please upload documentation that proves you are in the process of obtaining a UEI in the "Document Uploads" section below.** This documentation must include a datemark and

SAM.gov reference ID number, shown by screenshot of the SAM.gov website or a PDF or screenshot of an email from SAM.gov.

Past Federal Funding

Have you ever in the past received direct federal grant funding from USDA? (excluding loans, disaster relief or pandemic related payments)

- Yes
 - No
- If yes, **Was it less than \$25,000?**

Reimbursement of Funds

The default method of payment for this program is reimbursement, meaning that you or your business would pay for eligible project costs and be reimbursed by the grant after submitting a Reimbursement Invoice Request along with supporting documentation (payments will be processed within 60 days after request is submitted).

Does your business have the cashflow to participate in this reimbursement model if awarded?

- Yes
 - No
- If no, **Would you like to discuss the possibility of an advance payment for this project?** Your answer will not affect your ability to receive an award. *(1500 characters)*

Has your business received any assistance in completing this Business Builder application? If yes, what type of assistance was received and who provided it?

Has this business received technical assistance or other services (trainings, resources, toolkits, webinars, business planning, etc.) from the Regional Food Business Center you are applying to, including support to complete your application? If so, please describe the assistance received.

Is the business or lead organization on this project a non-profit organization?

- Yes
 - No
- If yes: Please upload your organization's completed IRS Form 990 for the past 2 years (2023 & 2024) in the section below.

Has your business received and expended federal grant funds of \$750,000 or more in the previous and/or current fiscal year (2024 and/or 2025)? This funding could have been either obtained directly from a federal agency or passed through from a local government or another non-profit.

- Yes
 - No
- If yes: NASDA Foundation policy requires all organizations that fall into this category provide a Single Audit under Uniform Guidance. **Will you be able to provide this audit in a timely manner if you receive a subaward through this program?**
- Yes
 - No

Document Uploads

Required for all Applicants with a NICRA:

- For applicants with a Negotiated Indirect Cost Rate Agreement (NICRA) upload documentation.

Required for Non-Profits ONLY:

- Non-profits ONLY: Upload your organization's completed IRS Form 990 for the past 2 years (2023 & 2024).

Certifications

Please certify the following statements.

By electronically signing this application, I certify

- (1) that the statements contained are true, complete, and accurate to the best of my knowledge;
- (2) that I am authorized to submit this application on the Organization's behalf;
- (3) that the Organization agrees to comply with all programmatic requirements set forth by the Northeast Regional Food Business Center;
- (4) that I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001).

Certifying Person: