# Maine Healthy Soils Program - Technical Assistance Capacity Grant - RFA# ARDMHSP2026.TACG

This is the application form for the Maine Healthy Soils Program's Technical Assistance Capacity Grant RFA#: ARDMHSP2026.TACG

Applications will **NOT** be scored question by question, but instead will be scored based on how the entire application addresses the rubric criteria. Please read the rubric provided in the RFA before applying—it will improve your application. Applications will be evaluated for eligibility and completeness. Applications will not be scored for writing quality, including grammar, spelling, and punctuation. Review the RFA for this grant for full details on how applications will be scored.

After submitting this application form, **you must submit supplemental files as PDF documents to matthew.boucher@maine.gov**. These supplemental files must be received before the application deadline listed on the cover page of the RFA. Please review the RFA for more details on which files you need to submit and how to submit them.

Applications forms and supplemental files must be submitted by May 16, 2025 by 5:00 p.m. Your application is **NOT** considered complete until you submit both the application form and all necessary supplemental files.

To see the RFA for this grant, Question and Answer Summaries, and/or Amendments to the RFA, visit the DACF Maine Healthy Soils Program website. https://www.maine.gov/dacf/ard/resources/healthysoils/index.shtml#funding

## Applicant Information

Project Title *

Project Lead's Name *

First and Last. This should be the name of the Project Lead - this person will be considered the primary contact person for this project.

Primary position/Title *

Your job title

Type of organization *

University, soil & water conservation district, private consultant, etc.

Organization name *

Email Address *

Telephone number *

Include area code, do not include any spaces or dashes.

# Collaborators

How many collaborators will be included in this project? *

This includes any individuals and/or investigators that will support the project. You can add up to 8 collaborators.

Add a collaborator? *

◯ Yes

◯ No

## Collaborator #1 Name

First and Last

## Collaborator #1 Organization

## Collaborator #1 Email

## Collaborator #1 Telephone

## Collaborator #1 Role

Describe their role in 50 - 100 words

## Add another collaborator?

◯ Yes

◯ No

## Collaborator #2 Name

[                                                        ]

## Collaborator #2 Organization

[                                                        ]

## Collaborator #2 Email

[                                                        ]

## Collaborator #2 Telephone

[                                                        ]

## Collaborator #2 Role

Describe their role in 50 - 100 words.

[                                                        ]

## Add another collaborator?

◯ Yes

◯ No

## Collaborator #3 Name

[                                                        ]

## Collaborator #3 Organization

[                                                        ]

Collaborator #3 Email

Collaborator #3 Telephone

Collaborator #3 Role

Describe their role in 50 - 100 words.

Add another collaborator?

◯ Yes

◯ No

Collaborator #4 Name

Collaborator #4 Organization

Collaborator #4 Email

Collaborator #4 Telephone

Collaborator #4 Role

Describe their role in 50 - 100 words.

Add another collaborator?

○ Yes

○ No

Collaborator #5 Name

[                                                  ]

Collaborator #5 Organization

[                                                  ]

Collaborator #5 Email

[                                                  ]

Collaborator #5 Telephone

[                                                  ]

Collaborator #5 Role

Describe their role in 50 - 100 words.

[                                                  ]

Add another collaborator?

○ Yes

○ No

Collaborator #6 Name

[                                                  ]

Collaborator #6 Organization

[                                                  ]

Collaborator #6 Email

Collaborator #6 Telephone

Collaborator #6 Role

Describe their role in 50 - 100 words.

Add another collaborator?

◯ Yes

◯ No

Collaborator #7 Name

Collaborator #7 Organization

Collaborator #7 Email

Collaborator #7 Telephone

Collaborator #7 Role

Describe their role in 50 - 100 words.

Add another collaborator?

○ Yes

○ No

Collaborator #8 Name

[ ]

Collaborator #8 Organization

[ ]

Collaborator #8 Email

[ ]

Collaborator #8 Telephone

[ ]

Collaborator #8 Role

Describe their role in 50 - 100 words.

[ ]

## Project Summary

Your project summary must be 200 - 300 words in length.

### Describe the proposed project. *

Include a brief description of the project and how funds will be used, the goals/objectives of the project, and how this project will improve access to soil health technical assistance for Maine farmers.

### Describe your project deliverables. *

What resources will this project establish that will improve access to soil health technical assistance beyond the life of the grant?

### Where will this project primarily be carried out? *

Enter specific sites or locations in Maine, include the county.

### Describe how you will directly engage and/or collaborate with farmers? *

## Letters of Support

You may provide up to 3 letters of support as part of this application.

Are you including letters of support for this project? *

◯ Yes

◯ No

How many letters are you providing? *

You can provide up to 3 letters.

[                                                                              ]

I understand that I must email all letters of support to matthew.boucher@maine.gov by the application deadline as a single PDF. I understand that if I do not send these letters of support by the application deadline, they will not be included in my application package. I understand that if I provide more than 3 letters of support, <u>none</u> of the letters will be included in the review package for scoring *

◯ Yes

## Project Priority Areas

Select which, if any, of the following priority areas your project fits into. *

☐ Demonstrating and/or understanding soil health benefits of alley cropping and silvopasture agroforestry practices

☐ How to use soil health practices to improve production in heavy clay soils

☐ Non-chemical cover crop termination strategies

☐ Long-term soil health demonstration and training plots

☐ How to use soil health practices to relieve compaction

☐ Deep composting strategies and methods

☐ Strip tillage strategies and methods

☐ Methods for trialing and scaling soil health practices

☐ None

Describe how your project fits into the priority area(s) you selected. *

Your answer must be 100 - 250 words long.

## Project Impact

All answers in the section must be 100 - 250 words unless otherwise specified.

Estimate how many farms will receive direct technical assistance as a result of this project *

Enter a number; this can include farms that will benefit during the 3-year grant term and beyond it.

Describe how you arrived at the estimate above. *

Describe how your project will increase access to soil health technical assistance in Maine. *

What does success look like for this project? *

What outcomes are most important in measuring the success of the project? How will you measure these outcomes?

## Project Management

All answers in the section must be 100 - 250 words unless otherwise specified.

Describe your organization's role in providing soil health technical assistance to Maine farmers. *

Describe the project lead's history of providing soil health technical assistance to Maine farmers. *

Describe your plan to carry out the project? *

Your answer should be 250 - 500 words. What steps are involved? How will the team collectively accomplish the major initiatives? Give a basic overview of any methods, plans, and ideas you have to implement the project.

What types of data or information do you plan to collect for this project? *

How will you make data/information generated through this project accessible to Maine farmers? *

# Budget

There are no word count minimums or maximums for any of the questions in this section.

## What is the total dollar amount you are requesting for this project? *

Enter a dollar amount. This amount cannot exceed $185,000

[                                                                              ]

## Describe additional funds you will leverage for this project? *

This could include other grants or funding streams that could contribute to this project. If you do not have additional funds to leverage, enter N/A.

[                                                                              ]

I understand that if I am requesting funds for equipment, I must email a PDF of a vendor quote for any and all equipment to matthew.boucher@maine.gov as a supplemental file. I understand that my application is not complete until the vendor quote is received. I understand that if I do not send the vendor quote by the application deadline, my application will be considered incomplete and may not be considered for an award. I understand that if the vendor quote does not meet the requirements described in the RFA for this grant, my application will be considered incomplete and may not be considered for an award. I understand that that if the Department determines that items described in other sections of the budget template could be categorized as equipment, the Department may request a vendor quote from you. In such a case, your application will be considered incomplete until you submit a vendor quote to us and thus may not be considered for an award. *

◯ Yes

◯ I am not requesting funds for equipment/services

I understand that I must download, complete, and submit the budget template for this grant as a supplemental file emailed to matthew.boucher@maine.gov. I understand that failure to submit the project budget by the application deadline will result in my application being disqualified and thus not considered for an award. *

◯ Yes

## Acknowledgements

Please review the following statements.

I have read and understand the RFA for this grant and understand that if my application does not meet the standards outlined in the RFA and application, my application my be disqualified and thus not considered for an award. *

◯ I agree

I have read and understand the eligibility requirements described in section 1.2 of the RFA for this grant and, to the best of my knowledge, certify that I meet all eligibility requirements. *

◯ I agree

I understand that if my application includes any unallowable costs as outlined in Section 1.6 of the RFA for this grant, my application may be disqualified and thus not considered for an award. *

◯ I agree

I understand that my application will not be considered complete until I have submitted the required supplemental files by email. *

1. Supplemental files must be emailed to matthew.boucher@maine.gov using the email subject line: **ARDMHSP2026.TACG – Supplemental Files – [PROJECT LEAD'S NAME].**

2. Supplemental files include: 1) the budget template available for download on the program website (required for ALL applicants); 2) letters of support (if applicable); 3) NICRA documentation (if applicable); vendor quotes (if applicable). Refer to Section 2.5 of the RFA for supplemental files submission instructions.

◯ I agree

I understand that if I am recommended for an award, an interview or additional supporting files may be required before a contract can be completed. *

◯ I agree

By submitting this application, I certify that: *

1) To the best of my knowledge, all information provided in the enclosed application and supplemental files submitted via email, both programmatic and financial, are complete and accurate at the time of submission.

2) No personnel currently employed by the Department or any other State agency participated, either directly or indirectly, in any activities relating to the preparation of the Applicant's Application.

3) No attempt has been made, or will be made, by the Applicant to induce any other person or firm to submit or not to submit an Application.

4) The above-named organization is the legal entity entering into the resulting contract with the Department should they be awarded the contract.

5) The person preparing this application is authorized to apply on behalf of the applicant.

○ I agree

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