SEction 6 Project Profile Template

**The acceptable font size for the narrative is 11 pitch, single spaced with all margins at 1 inch. The following information must be included in the project profile. Proposal must include a 2-page CV for the PI and a Resource List from IPaC (must be in included as attachments in the application submission). If you have trouble formatting text or pictures in a particular field right click on the text box and select “Remove Content Control”.**

# Applicant Information

**Name of Principle Investigator\*:** PI Name

*\* Only list* ***one*** *PI that will be responsible for managing and reporting on the project.*

**Mailing Address\*\***: PI Mailing Address

**City:** City  **State:** State **Zip Code:** Zip Code.

*\*\* For investigators associated with more than one institution, this must be the address of the institution that would be receiving the contract.*

**Phone Number:** Phone Number

**Email Address:** Email Address

### Project Management and Reporting Acknowledgement

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that I will be responsible for the management and reporting for this project. It is solely my responsibility to complete reports in a timely manner. If applicable, I will be responsible for gathering any necessary information to report on the project from potential Co-PIs.  | [ ]  |

# Institutional contact Information

**Name of Institutional Affiliation \*:** Name of Institution

*\* If submitting as an individual, please indicate “Individual” in the box above.*

**Institutional UEI Number\*\*:** UEI Number

*\*\* Indicate N/A if submitting as an individual.*

**Name of Authorized Official\*\*\*:**Authorized Official

*\*\*\*Please include an official who is authorized to sign contracts and process reimbursements.*

**Mailing Address**:Mailing Address

**City:** City  **State:** State **Zip Code:** Zip Code

**Phone Number:** Phone Number

**Email Address:** Email Address

# Title

*Must include scientific name of specie(s).*

**<Click here to enter project title>**

# Duration of Project

**Start Date\***: Start Date **End Date\*\***: End Date

|  |  |
| --- | --- |
| *\* Preferred date; actual start and end dates will be determined in the contract.* | *\*\* Projects should be designed to be complete within two years.* |

# Species

## List all species that will be investigated as part of this Project:

Click here to enter text.

### **Federal Rank**

Click here to enter text.

### **State Heritage or other Rank**

Click here to enter text.

# Permits

## **Threatened or Endangered Species Permit Required**

*A Section 10(a)(1)(A) permit from FWS will be required if listed plants, parts of plants, and/or seeds will be collected or damaged. Permits can be applied for at* [*https://fwsepermits.servicenowservices.com/fws*](https://fwsepermits.servicenowservices.com/fws)*.*

Click here to enter text.

### Have permiTs Listed aBove been Requested?

Yes [ ]  No [ ]

### If No, Do you Have Permission to Perform AcitivitieS And/Or You currently in the process of Gaining Permission?

Click here to enter text.

## **Other permits and permissions that may be required**

Click here to enter text.

### Have permiTs Listed aBove been Requested?

Yes [ ]  No [ ]

### If No, Do you Have Permission to Perform AcitivitieS And/Or You currently in the process of Gaining Permission?

Click here to enter text.

## **Other Threatened or Endangered Species and DEsignated Critial Habitat in Project Area**

*Please visit the IPaC (*[*https://ecos.fws.gov/ipac/*](https://ecos.fws.gov/ipac/)*) website and follow the steps to create a polygon for the area of the proposed study. Please print the Resource List, save as a PDF and include the document with your submission.*

Click here to enter text.

### IPac Knowledgement

|  |  |
| --- | --- |
| By checking the box to the right, I confirm I have created a polygon for the proposed study and saved the resource list as a PDF to be included in my application. | [ ]  |

## **Recovery Plan Task Numbers (If Applicable)**

Enter N/A if not applicable

## **Recovery Plan Task Priorities (IF Applicable)**

Enter N/A if not applicable

# **Project Profile**

## **Project Purpose**

Click here to enter text.

## **Provide a Listing of the Objectives that this Project Hopes to Achieve**

Click here to enter text.

## **Project Description**

Click here to enter text.

# **Funding History and Needs**

## **Is this a request for continued funding for work already started under a previous Section 6 request?**

Click here to enter text.

# **Previous funding performance**

## **If you have received Federal or other grants, please list references to contact. Have you ever defaulted on a previous grant?**

Click here to enter text.

# Budget Narrative

**A thorough and detailed budget must be submitted with the application packet. Please round totals to the next whole dollar. If awarded, more detail may be required.**

**Please do not use arbitrary estimates when developing a project’s budget. If awarded, the project budget may require further detail and the estimates provided will need to have some research behind them to justify each budget line item.**

**Matching costs should be identified, and should be at least 40% to 50% of the requested funds. For example, if you are requesting $10,000, you will need to provide at least $4,000 costs towards the project. Matching costs can be in any category of expenditures, e.g., personnel, travel, supplies, or equipment. Federal funds may not be used to supply the match. Match must be at federal rates, if applicable (e.g., per diem, mileage), and a job classification must be indicated if salary is to be used as match.**

| **Budget Summary** |
| --- |
| **Expense Category** | **Funds Requested** | **Matching Funds** |
| **Personnel** |  |  |
| **Fringe Benefits** |  |  |
| **Travel** |  |  |
| **Equipment** |  |  |
| **Supplies** |  |  |
| **Contractual** |  |  |
| **Other** |  |  |
| **Direct Costs Subtotal** |  |  |
| **Indirect Costs** |  |  |

|  |  |  |
| --- | --- | --- |
| **Total Budget** |  |  |

## Personnel

*List the organization employees or individuals whose time and effort can be specifically identified and easily and accurately traced to project activities. In order for secretarial and clerical salaries to be allowable as direct charges to the awards, a justification of how the person will be directly involved in the project must be included in the narrative. The duties must be directly related to the project plan.*

| **#** | **Name/Title** | **Level of Effort (# of hours OR % FTE)** | **Funds Requested** | **Match Value** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Personnel Subtotal** |  |  |

### Personnel Justification

*For each individual listed in the above table, describe the activities to be completed by name/title including approximately when activities will occur. Add more personnel by copying and pasting the existing listing or deleting personnel that aren’t necessary.*

<Click here to describe the activities of the 1st position>

<Click here to describe the activities of the next position>

<Click here to describe the activities of the next position>

Add other Personnel as necessary

## Fringe Benefits

*Provide the fringe benefit rates for each of the project’s salaried employees described in the Personnel section that will be paid with SCBGP funds.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **#** | **Name/Title** |  |  | **Fringe Benefit Rate** | **Funds Requested** | **Match Value** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Fringe Subtotal** |  |  |

## Travel

*Please note that travel costs are limited to those allowed by the Arizona State Travel Policy as outlined in Section II-D of the State of Arizona Accounting Manual, which can be viewed at* [*http://www.gao.az.gov/publications/SAAM/default.asp*](http://www.gao.az.gov/publications/SAAM/default.asp)*.*; *in the case of air travel, project participants must use the lowest reasonable commercial airfares.* ***Please do not use arbitrary estimates when developing a project’s travel budget.***

| **#** | **Trip Destination** | **Type of Expense (airfare, car rental, hotel, meals, mileage, etc.)** | **Unit of Measure (days, nights, miles)** | **# of Units** | **Cost per Unit** | **# of Travelers Claiming the Expense** | **Funds Requested** | **Match Value** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Travel Subtotal** |  |  |

### Travel Justification

*For each trip listed in the above table describe the purpose of this trip and how it will achieve the objectives and outcomes of the project.* ***To assist with ensuring no impacts from your study will occur on any listed species, please include approximately when the trip will occur, how many people will be on each trip, number of days, if you’ll be camping on site, any permit plots with stakes, and any other things that might cause disturbances.*** *Add more trips by copying and pasting the existing listing or delete trips that aren’t necessary.*

<Trip 1 Approximate Date of Travel MM/YYYY or enter N/A>

<Click here to describe the purpose of Trip 1 or enter N/A>

<Trip 2 Approximate Date of Travel MM/YYYY or delete>

<Click here to describe the purpose of Trip 2 or delete>

<Trip 3 Approximate Date of Travel MM/YYYY or delete>

<Click here to describe the purpose of Trip 3 or delete>

Add other Trips as necessary

### Conforming with Your Travel Policy

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that my organization’s established travel policies will be adhered to when completing the above-mentioned trips in accordance with [2 CFR 200.474](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1474) or [48 CFR subpart 31.2](http://www.ecfr.gov/cgi-bin/text-idx?SID=3f25ca1f21583e03b13f595d0d9c518d&node=pt48.1.31&rgn=div5#sp48.1.31.31_12) as applicable. | [ ]  |

For the purposes of this grant program, any organization that receives funding must conform to the Arizona State Travel Policy.

### Conforming with arizona state Travel Policy

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that my organizationwill follow the travel policiesallowed by the Arizona State Travel Policy as outlined in Section II-D of the State of Arizona Accounting Manual, which can be viewed at <http://www.gao.az.gov/publications/SAAM/default.asp> | [ ]  |

## Equipment

*Describe any* ***equipment*** *to be purchased or rented under the grant. ‘‘equipment’’ is defined as tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost that equals or exceeds the lesser of the capitalization level established by the NFE for financial statement purposes, or $5,000.*

***The use, management and disposition of equipment by the Grantee shall be in accordance with*** [***2 C.F.R. § 200.313***](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=f14211b8cd23de9ea52648b71c0f0959&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1313) ***and*** [***2 C.F.R. § 200.315***](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=f14211b8cd23de9ea52648b71c0f0959&n=pt2.1.200&r=PART&ty=HTML#se2.1.200_1315)***, as applicable.***

| **#** | **Item Description** | **Rental or Purchase** | **Acquire When?** | **Funds Requested** | **Match Value** |
| --- | --- | --- | --- | --- | --- |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Equipment Subtotal** |  |  |

### Equipment Justification

*For each Equipment item listed in the above table describe how this equipment will be used to achieve the objectives and outcomes of the project. Add more equipment by copying and pasting the existing listing or delete equipment that isn’t necessary.*

<Click here to describe how the 1st piece of equipment will be used or enter N.A>

<Click here to describe how the 2nd piece of equipment will be used or delete>

Add other Equipment as necessary

## Supplies

*List the materials, supplies, and fabricated parts costing less than $5,000 per unit and describe how they will support the purpose and goal of the proposal.* ***Please do not use arbitrary estimates when developing a supplies budget.***

| **Item Description** | **Per-Unit Cost** | **# of Units/Pieces Purchased** | **Acquire When?** | **Funds Requested** | **Match Value** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supplies Subtotal** |  |  |  |

### Supplies Justification

*Describe the purpose of each supply listed in the table above and how it is necessary for the completion of the project’s objective(s).*

<Click here to enter purpose of each supply or enter N/A>

## Contractual/Consultant

*Contractual/consultant costs are the expenses associated with purchasing goods and/or procuring services performed by an individual or organization other than the applicant in the form of a procurement relationship. If there is more than one contractor or consultant, each must be described separately.*

### Itemized Contractor(s)/Consultant(s)

*Provide a list of contractors/consultants, detailing out the name, hourly/flat rate, and overall cost of the services performed.*

| **#** | **Name/Organization** | **Hourly Rate/Flat Rate** | **Funds Requested** | **Match Value** |
| --- | --- | --- | --- | --- |
| 1 |  |  |  |  |
| 2 |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Contractual/Consultant Subtotal** |  |  |

### Contractual Justification

*Provide for each of your real or anticipated contractors listed above a description of the project activities each will accomplish to meet the objectives and outcomes of the project. Each section should also include a justification for why contractual/consultant services are to be used to meet the anticipated outcomes and objectives. Include timelines for each activity. If contractor employee and consultant hourly rates of pay exceed the salary of a GS-15 step 10 Federal employee in your area (for more information please go to* [General Schedule (opm.gov)](https://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/)*), provide a justification for the expenses. This limit does not include fringe benefits, travel, indirect costs, or other expenses.*

<Click here to enter justification for Contractor/Consultant 1 or enter N/A>

<Click here to enter justification for Contractor/Consultant 2 or delete>

Add other Contractors/Consultants as necessary

### Conforming with your Procurement Standards

|  |  |
| --- | --- |
| By checking the box to the right, I confirm that my organization followed the same policies and procedures used for procurements from non-federal sources, which reflect applicable State and local laws and regulations and conform to the Federal laws and standards identified in [2 CFR Part 200.317 through.326](http://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=988467ba214fbb07298599affd94f30a&n=pt2.1.200&r=PART&ty=HTML#sg2.1.200_1316.sg3), as applicable. If the contractor(s)/consultant(s) are not already selected, my organization will follow the same requirements. | [ ]  |

## Other

*Include any expenses not covered in any of the previous budget categories. Be sure to break down costs into cost/unit. Expenses in this section include, but are not limited to, meetings and conferences, communications, rental expenses, advertisements, publication costs, and data collection.*

*Meals provided during a conference or meeting are* ***not allowable*** *costs.*

| **Item Description** | **Per-Unit Cost** | **Number of Units** | **Acquire When?** | **Funds Requested** | **Match Value** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Other Subtotal** |  |  |

### Other Justification

*Describe the purpose of each item listed in the table above purchased and how it is necessary for the completion of the project’s objective(s) and outcome(s).*

<Click here to enter the purpose of each item or enter N/A>