



Government of the United States Virgin Islands
Department of Agriculture

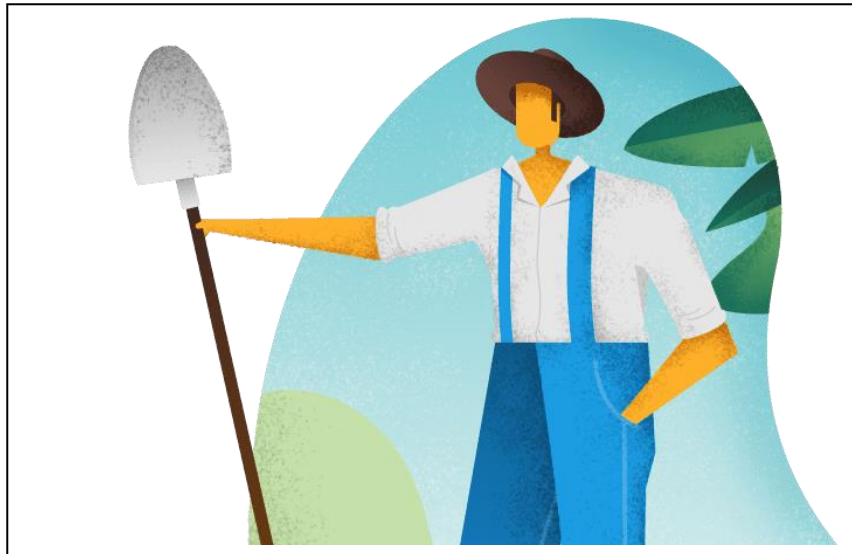
ST. CROIX: #1 Estate Lower Love, Kingshill, V.I. 00850 • T: (340) 778-0997 • F: (340) 778-0997
ST. THOMAS: #7944 Estate Dorothea, St. Thomas, V.I. 00802 • T: (340) 774-5182 • F: (340) 774-1823
ST. JOHN: #11 Estate Carolina, Coral Bay, V.I. 00830 • T: (340) 776-6274 • F: (340) 693-5065



USDA Agricultural Marketing Service
U.S. DEPARTMENT OF AGRICULTURE

2025 Micro-Grants for Food Security Program

REQUEST FOR APPLICATIONS



**Application Due Date: 11:59 PM Eastern
Time on September 4, 2026**



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1.0 EXECUTIVE SUMMARY

The Micro-Grant for Food Security Program is administered by the US Virgin Islands Department of Agriculture (VIDA) to enhance the quantity and quality of locally grown food in the territory. Since 97% of the food consumed in the Virgin Islands is imported, the population therein tend to consumes very little locally grown food. For this reason, this project will seek to increase access and availability of locally grown food through the collaborative efforts of crop, poultry and livestock production farmers-- implementing the cooperative model to produce and market their products.

2.0 ELIGIBILITY

Eligible applicants include:

- **Individuals** (new or beginning farmers, small-scale farmers, backyard farmers) who are US Virgin Islands residents, at least 18 years old.
- **Organizations** registered in the US Virgin Islands including: nonprofits, churches, federally funded educational facilities, farming business and other nonprofits engaged in increasing food security.
- **Must have farmers license or in process of obtaining a farmers license.**
- **Must not have any financial obligations owed to VIDA.**

3.0 PROJECT TYPES

Applicants must select one of the following categories for their project:

1. **Farming / Gardening** – includes tools, soil, seeds, plants, canning equipment, refrigeration, composting, towers, hydroponic, and aero-ponic systems.
2. **Livestock** – includes purchasing animals, fencing, or repairing livestock infrastructure.
3. **Apiary** – includes bees, bee boxes, education, and expanding local food markets.

4.0 FUNDING AMOUNTS

- **Individuals:** \$5,000 per applicant.
- **Organizations:** \$5,000 per applicant.



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5.0 SOLICITATION AND APPLICATION REVIEW PROCESS

VIDA is seeking to fund 24 applicants (in St.Croix), 15 applicants (in St. Thomas) and 5 applicants (in St. John). Applications are available through VIDA website or in-person at any VIDA office. All applications will undergo a competitive Review Process to select the prospective participants for the VIDA Micro-Grant Program.

Reviewers will be selected from agriculture industry; that is local farmers; members of the local farm council, VI University School of Agriculture, USDA farm Service, Small Business Development Center and the local Research and Technology Park. Each application will be evaluated and scored based upon a point and rank system. More importantly, reviewers will sign a conflict of interest form.

All participants will be directly contacted to be provided the results from the application review process; however, VIDA will publish the approved award participants in the local newspaper and social media platform.

Application Deadline: September 4, 2026 . Applications may be submitted through VIDA website or in-person at any VIDA office location (listed below) by 11:59pm Eastern time. Applications received after this deadline will not be considered for funding.

6.0 Reporting Requirements

Sub-awardees must document:

- Amount of food produced
- Number of beneficiaries impacted
- Expenditures and receipts
- Photos of project progress over the 12-month project period



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APPLICATION

VIDA Micro-Grant for Food Security Program

Instructions: Please complete this Request For Application (RFA) thoroughly. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Make sure that the contact number and e-mail address provided are valid. [Submit this form only](#)

Applicant(s) Full Name: _____

Is the applicant at least 18 years old? Yes No

Current Address: _____

City _____ state _____ zip _____

Address to Farm participating in Project _____

Valid Contact Number: _____

E-mail Address: _____

Questionnaire (Please Print)

1. What is the title of the proposed project? _____
2. Who is the grant check payee? (Please provide to whom the grant check should be made payable)? _____
3. Please list all available resources i.e., personnel, equipment, materials, etc., which can be used toward this project activity: _____

4. State the Need /Problem (to be addressed) or for what Purpose are you seeking funding to develop the proposed project? _____

5. What are the measurable objectives (or the steps you will use to address Need/Problem or Purpose) of the proposed project? _____



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6. How will this funding improve your farm business operation? _____

7. What are the activities of this project that this grant will fund (i.e., purchase of supplies, labor, etc.)? _____

8. What is the expected outcome or results from implementing this project? _____

9. What category of Farming are you involved in?
a) Livestock
b) Crop production
c) Backyard Farming
d) Bee Keeping
7. How much land space do you have to devote to project?
a) 1 acre or more.
b) ½ acre or more.
c) 100 x 100 or more but less than ½ acre.
d) 50 x 50 or more but less than 100 x 100.
e) 25 x 25 or more but less than 50 x 50.
8. Please indicate if you are gainfully employed? Yes No.
9. How much time you are willing to spend on the project _____ hours per week.
10. Please indicate if you have outstanding balances owed to the VI Department of Agriculture?

Yes No

a. If yes, state the amount you owe and name the product or services received.

11. Please indicate if you have a farmer's license? Yes No
12. Have you ever attended any seminars or taken any courses in Farming? **Yes No**
a. If yes, what seminar or Courses taken? _____

13. Please provide details on the availability and accessibility of water on the property:



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Grant Administration Budget Narrative

Budget Summary

Expense Category	Funds Requested
Personnel	
Fringe Benefits	
Travel	
Equipment	
Supplies	
Contractual	
Other	
Direct Costs Subtotal	
Indirect Costs	

Total Budget:

\$5,000.00

Personnel

List the organization's employees whose time and effort can be specifically identified and accurately traced to project activities. See the RFA Section 4.2 Indirect Costs and Section 4.3 Allowable and Unallowable Costs and Activities for further guidance.

#	Name/Title	Level of Effort % or # of hours	Funds Requested
1			
2			

Personnel Subtotal:

Personnel Justification:

Describe each personnel's activities under this grant.

Personnel 1:



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Personnel 2:

Fringe Benefits

Provide the fringe benefit rates for each employee described in the Personnel section.

#	Name/Title	Fringe Benefit Rate	Funds Requested
1			
2			

Fringe Subtotal:

Travel

#	Trip Destination	Expense Type (airfare, hotel, mileage, car rental, meals)	Unit of Measure (days, nights, miles)	# of Units	Cost per Unit	# of Travelers	Funds Requested
1							
2							
3							

Travel Subtotal:

Travel Justification



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Equipment

Describe any special purpose equipment to be purchased or rented under the grant.

#	Item Description	Rental or Purchase	Acquire When?	Funds Requested
1				

Equipment Subtotal:

Equipment Justification

Describe how this equipment will be used to achieve the objectives and outcomes of the project.

Equipment 1:

Supplies

*List the materials, supplies, and fabricated parts costing **less than \$5,000 per unit** and describe how they will support the purpose and goals of the proposal.*

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

Supplies Subtotal:

Supplies Justification



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Contractual/Consultant

Provide details of each contractors/consultants including the name, hourly/flat rate, and overall cost of the services performed.

NOTE: The total amount for sub-awards will be show on one line in this section.

#	Name/Organization	Hourly Rate/Flat Rate	Funds Requested
1			

Contractual/Consultant Subtotal:

Contractual Justification

Contractor/Consultant 1:

Other

Item Description	Per-Unit Cost	Number of Units	Acquire When?	Funds Requested

Other Subtotal:

Other Justification

Indirect Costs

Indirect Cost Rate	Funds Requested

Indirect Subtotal: