National Animal Health Laboratory Network (NAHLN)

**2019 NAHLN Enhancement Project Proposal**

*Cooperative Agreement Work Plan*

***INSTRUCTIONS****:   
The following is a suggested work plan format. Place requested information in the blocks. Write in a narrative format and paste or type the appropriate information into each block. Increase the size of the block so all content is visible.*

**GENERAL INFORMATION**

*Project Title:*

*Name of NAHLN Laboratory Submitting the Proposal:*

*Applicant's Authorized Representative/Primary Point of Contact:*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *Name:* | |  | | | | | | | | |
| *Title:* | |  | | | | | | | | |
| *Mailing Address:* | | | | | |  | | | | |
| *City:* |  | | | | | | *State:* |  | *Zip:* |  |
| *Office Phone:* | | |  | | | | | | | |
| *Mobile Phone:* | | | |  | | | | | | |
| *Email Address:* | | | | |  | | | | | |

*Proposed Period of Performance (enter start and end dates—not to exceed 24 months):*

**EXECUTIVE SUMMARY** *Describe project in 500 words or less (see funding opportunity for more information).*

**INTRODUCTION**

This Work Plan reflects a cooperative relationship between the Recipient and the United States Department of Agriculture (USDA), Animal and Plant Health Inspection Service (APHIS), Veterinary Services (VS) under a Notice of Cooperative Agreement. This Work Plan also outlines the mission-related goals, objectives, and anticipated accomplishments as well as the approach for conducting activities in support of the National Animal Health Laboratory Network (NAHLN) and the related roles and responsibilities of the parties as negotiated.

**Objectives and Need for Assistance**

* 1. Objectives

*List or explain the specific results or benefits to be derived from this work and effort (e.g., improve capacity, capability, reporting or other aspect of NAHLN emergency response) Note that these outcomes will be the major building blocks upon which the milestones in the next section are based. No more than 3-5 objectives are recommended.*

*Objective 1*:

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*Objective 2*:

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*Objective 3*:

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*Objective 4*:

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*Objective 5*:

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* 1. Relevant Need or Problem Requiring a Solution

*Describe the problem to be solved, including any relevant physical, economic, social, financial, institutional, or other problems; the potential solutions to the problem; and how the project will help arrive at the solution.*

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*Describe how the identified need or problem aligns with the elements of the NAHLN (see Funding Opportunity Announcement).*

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1. Contributors

*If there are any other organizations, Recipients, consultants, or other key individuals, in addition to the parties to this agreement, list the contributor information below. These organizations would be third party contributors who could be in separate agreements.*

*Contributor Name – Roles/Responsibilities*:

*Contributor Name – Roles/Responsibilities*:

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*Contributor Name – Roles/Responsibilities*:

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*Contributor Name – Roles/Responsibilities*:

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1. Supporting Documentation

*Describe and reference any articles, reports, testimonies from concerned interests other than the applicant, data based on planning studies, or other documents that support the need for the project actions. If attachments are needed, upload them separately from this work plan.*

*Supporting Documentation Description/Explanation/References*:

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**APPROACH**

This Section should discuss an overall approach/plan of action and clearly outline in separate sections the specific milestone, description of the milestone, methods to describe how the work will be accomplished, and any protocols, standards, and/or standard operating procedures that may apply to the milestone. The roles and responsibilities that are mutual, those of the applicant, and those of APHIS in terms of technical personnel required work to be performed, expected activities by each party, and resources to be contributed by each should also be discussed. The following subsections will assist in the preparation of a concise proposal that provides APHIS with the information required to determine the appropriateness of an agreement.

**Plan of Action**

1. Milestones

*List each objective and the milestones or major steps of achievement that successfully completes each objective listed in Section I. Milestones should be associated with approximate start and end dates. The table below is a placeholder. Add or delete rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| *Objective 1:* | | | |
| *Milestone* | | *Brief Description* | *Start/End Dates* |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| 1.3 |  |  |  |
| *Objective 2:* | | | |
| *Milestone* | | *Brief Description* | *Start/End Dates* |
| 2.1 |  |  |  |
| 2.2 |  |  |  |
| 2.3 |  |  |  |
| *Objective 3:* | | | |
| *Milestone* | | *Brief Description* | *Start/End Dates* |
| 3.1 |  |  |  |
| 3.2 |  |  |  |
| 3.3 |  |  |  |
| *Objective 4:* | | | |
| *Milestone* | | *Brief Description* | *Start/End Dates* |
| 4.1 |  |  |  |
| 4.2 |  |  |  |
| 4.3 |  |  |  |
| *Objective 5:* | | | |
| *Milestone* | | *Brief Description* | *Start/End Dates* |
| 5.1 |  |  |  |
| 5.2 |  |  |  |
| 5.3 |  |  |  |

1. Methodology

*List how each milestone will be accomplished (methodology), the roles/responsibilities of each party (who will do what), and any applicable protocols, action plans, rules or guidelines (what standards will be met). Add or delete rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | *Milestone* | *Methodology* | *Roles and Responsibilities* | *Standards, if applicable* |
| 1.1 |  |  |  |  |
| 1.2 |  |  |  |  |
| 1.3 |  |  |  |  |
|  |  |  |  |  |
| 2.1 |  |  |  |  |
| 2.2 |  |  |  |  |
| 2.3 |  |  |  |  |
|  |  |  |  |  |
| 3.1 |  |  |  |  |
| 3.2 |  |  |  |  |
| 3.3 |  |  |  |  |
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| 4.1 |  |  |  |  |
| 4.2 |  |  |  |  |
| 4.3 |  |  |  |  |
|  |  |  |  |  |
| 5.1 |  |  |  |  |
| 5.2 |  |  |  |  |
| 5.3 |  |  |  |  |

1. Risks

*Cite factors which might negatively impact the work and how any potential risks can be mitigated.*

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**Need for APHIS Assistance**

*If the applicant needs assistance from APHIS technical personnel to conduct the proposed action, describe why the type and level of assistance is needed.*

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*List the number of hours each APHIS technical person will be needed over the life of the project.*

|  |  |  |
| --- | --- | --- |
| *Title* | *Purpose* | *Hours* |
|  |  |  |
|  |  |  |
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**Unusual Features**

*Describe any unusual features of the project, such as design or technological innovations, reductions in cost or time, or extraordinary social and community involvements.*

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**Resources Required**

1. Number and Type of Personnel funded by Project

*List the numbers and types of personnel to be paid by the project for each milestone (add or delete rows as needed.) Permanent personnel are not allowed, including salaries for full time equivalent personnel already on staff:*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Milestone** | **Personnel Title** | **Purpose** | | **Labor Hours** |
| 1.1 |  |  |  |  | |
| 1.2 |  |  |  |  | |
| 1.3 |  |  |  |  | |
|  |  |  |  |  | |
| 2.1 |  |  |  |  | |
| 2.2 |  |  |  |  | |
| 2.3 |  |  |  |  | |
|  |  |  |  |  | |
| 3.1 |  |  |  |  | |
| 3.2 |  |  |  |  | |
| 3.3 |  |  |  |  | |
|  |  |  |  |  | |
| 4.1 |  |  |  |  | |
| 4.2 |  |  |  |  | |
| 4.3 |  |  |  |  | |
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| 5.1 |  |  |  |  | |
| 5.2 |  |  |  |  | |
| 5.3 |  |  |  |  | |

1. Equipment Funded by Project

*List the quantity, type and purpose of equipment with a value greater than $5,000 needed to accomplish each milestone (add or delete rows as needed).* Recipient procurements shall be in accordance with 2 CFR Part 200.317 or 2 CFR Part 200.318, as applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Milestone** | | **Quantity** | **Equipment Description** | **Purpose** |
| 1.1 |  |  |  |  |
| 1.2 |  |  |  |  |
| 1.3 |  |  |  |  |
|  |  |  |  |  |
| 2.1 |  |  |  |  |
| 2.2 |  |  |  |  |
| 2.3 |  |  |  |  |
|  |  |  |  |  |
| 3.1 |  |  |  |  |
| 3.2 |  |  |  |  |
| 3.3 |  |  |  |  |
|  |  |  |  |  |
| 4.1 |  |  |  |  |
| 4.2 |  |  |  |  |
| 4.3 |  |  |  |  |
|  |  |  |  |  |
| 5.1 |  |  |  |  |
| 5.2 |  |  |  |  |
| 5.3 |  |  |  |  |

*How will equipment be disposed at the end of the project?*

1. Supplies Funded by the Project

*List the quantity, type and purpose of consumable supplies needed to accomplish each milestone (add or delete rows as needed).* Recipient procurements shall be in accordance with 2 CFR Part 200.317 or 2 CFR Part 200.318, as applicable.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Milestone** | | **Quantity** | **Supplies Description** | **Purpose** |
| 1.1 |  |  |  |  |
| 1.2 |  |  |  |  |
| 1.3 |  |  |  |  |
|  |  |  |  |  |
| 2.1 |  |  |  |  |
| 2.2 |  |  |  |  |
| 2.3 |  |  |  |  |
|  |  |  |  |  |
| 3.1 |  |  |  |  |
| 3.2 |  |  |  |  |
| 3.3 |  |  |  |  |
|  |  |  |  |  |
| 4.1 |  |  |  |  |
| 4.2 |  |  |  |  |
| 4.3 |  |  |  |  |
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| 5.1 |  |  |  |  |
| 5.2 |  |  |  |  |
| 5.3 |  |  |  |  |

*For unused supplies totaling more than $5000 at the end of the project, how will they be disposed?*

1. Travel Needs:
   1. Local Travel Funded by Project (***no overnight stay***):

*List each traveler name and title, the purpose and means of travel, the number of trips, and the round-trip miles for each trip. If the traveler name is not yet known, list as Participant 1, Trainer 1, or similar. Add or delete rows as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler Name** | **Title** | **Purpose of Travel** | **Means (click cell for drop-down menu)** | **Number of Trips** | **Number of Round-Trip Miles per Trip** |
|  |  |  | Choose an item. |  |  |
|  |  |  | Choose an item. |  |  |
|  |  |  | Choose an item. |  |  |
|  |  |  | Choose an item. |  |  |
|  |  |  | Choose an item. |  |  |
|  |  |  | Choose an item. |  |  |
|  |  |  | Choose an item. |  |  |
|  |  |  | Choose an item. |  |  |
|  |  |  | Choose an item. |  |  |

* 1. Extended Travel Funded by Project (**with overnight stay**):

*List each traveler name and title, the purpose and means of travel, and the number of days per trip. Add or delete rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Traveler Name** | **Title** | **Purpose of Travel** | **Means (click cell for drop-down menu)** | **Number of Days per Trip** |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |
|  |  |  | Choose an item. |  |

1. Contracts

*List any contracts to be awarded by the Recipient with project funding, including type of Contractor and purpose of contract. Add or delete rows as needed.*

|  |  |
| --- | --- |
| **Type of Contractor/Name if known** | **Purpose of Contract** |
|  |  |
|  |  |
|  |  |

1. In-Kind Contributions to Project

*List in-kind contributions of all contributors, such as funding, personnel, equipment, supplies and/or travel. Add or delete rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contributor Name** | **Resource Type (click cell for drop down list)** | **Quantity** | **Purpose** |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |
|  | Choose an item. |  |  |

**PERFORMANCE AND OUTCOMES**

**Quantitative Projection of Performance and Outcomes:**

*List the specific and measurable quantitative outcomes and deliverables for each milestone, including delivery date. Examples of quantitative deliverables are documents, items or services that can be counted and are provided in accordance with the work plan. Add or delete rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Milestone** | | **Specific and Measurable Outcome/Deliverable** | **Delivery Date** |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| 1.3 |  |  |  |
|  |  |  |  |
| 2.1 |  |  |  |
| 2.2 |  |  |  |
| 2.3 |  |  |  |
|  |  |  |  |
| 3.1 |  |  |  |
| 3.2 |  |  |  |
| 3.3 |  |  |  |
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| 4.1 |  |  |  |
| 4.2 |  |  |  |
| 4.3 |  |  |  |
|  |  |  |  |
| 5.1 |  |  |  |
| 5.2 |  |  |  |
| 5.3 |  |  |  |

**Non-Quantitative Performance and Outcomes**

*When performance and outcomes cannot be quantified, list the* *accomplishments and expected completion dates. Add or delete rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Milestone** | | **Accomplishment** | **Completion Date** |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| 1.3 |  |  |  |
|  |  |  |  |
| 2.1 |  |  |  |
| 2.2 |  |  |  |
| 2.3 |  |  |  |
|  |  |  |  |
| 3.1 |  |  |  |
| 3.2 |  |  |  |
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| 4.1 |  |  |  |
| 4.2 |  |  |  |
| 4.3 |  |  |  |
|  |  |  |  |
| 5.1 |  |  |  |
| 5.2 |  |  |  |
| 5.3 |  |  |  |

**Project Evaluation**

*Explain the criteria to be used by the Recipient to evaluate the results and determine the successes of the project.*

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*Describe the method(s) the Recipient will use to determine if the expected results and benefits are received.*

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*Discuss how the project increases capabilities, capacity and readiness, including the level of improvement in capability.*

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**SUPPLEMENTAL INFORMATION**

**Personnel Qualifications**

*Present qualifications of the lead technical expert(s) and other key personnel for the project. Add or delete rows as needed.*

**Technical Expert**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name:* |  | | | | |
| *Title:* |  | | | | |
| *Organization:* |  | | | | |
| *City:* |  | *State:* |  | *Phone:* |  |
| *Major Duties:* |  | | | | |
| *Other Experience:* |  | | | | |

**Technical Expert**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name:* |  | | | | |
| *Title:* |  | | | | |
| *Organization:* |  | | | | |
| *City:* |  | *State:* |  | *Phone:* |  |
| *Major Duties:* |  | | | | |
| *Other Experience:* |  | | | | |

**Other Key Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name:* |  | | | | |
| *Title:* |  | | | | |
| *Organization:* |  | | | | |
| *City:* |  | *State:* |  | *Phone:* |  |
| *Major Duties:* |  | | | | |
| *Other Experience:* |  | | | | |

**Other Key Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name:* |  | | | | |
| *Title:* |  | | | | |
| *Organization:* |  | | | | |
| *City:* |  | *State:* |  | *Phone:* |  |
| *Major Duties:* |  | | | | |
| *Other Experience:* |  | | | | |

**Other Key Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name:* |  | | | | |
| *Title:* |  | | | | |
| *Organization:* |  | | | | |
| *City:* |  | *State:* |  | *Phone:* |  |
| *Major Duties:* |  | | | | |
| *Other Experience:* |  | | | | |

**Other Key Personnel**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| *Name:* |  | | | | |
| *Title:* |  | | | | |
| *Organization:* |  | | | | |
| *City:* |  | *State:* |  | *Phone:* |  |
| *Major Duties:* |  | | | | |
| *Other Experience:* |  | | | | |

**Relationship to Other Projects**

*Describe the relationship between this project and other work planned, anticipated, or underway under Federal grants or awards.*

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