**APPENDIX 3: SARS-COV-2 PROPOSAL WORK PLAN TEMPLATE**

American Rescue Plan: SARS-CoV-2 in Animals

Proposal Work Plan Template

Instructions

The information requested in this template is required in all proposal Work Plans.

Applicants are encouraged but not required to use this template, but all components listed below must be included in the work plan. Applicants may submit more than one project proposal. Applicants who submit more than one proposal must submit each proposal as a separate proposal package that includes a separate Work Plan.

A proposal Work Plan must address at least one of the funding priorities described in the American Rescue Plan: SARS-CoV-2 in Animals Funding Opportunity. A description of the evaluation criteria that will be used to assess your proposal is described in Section E.1 of the Funding Opportunity Announcement on the [USDA APHIS One Health website](https://www.aphis.usda.gov/aphis/ourfocus/onehealth/funding-opportunities).

Please provide detailed information about the proposed project in the topic areas below. Write in narrative format where indicated and paste or type the appropriate information into each box. Expand boxes or add rows as needed. For those boxes where a word limit has been set, applicants can verify the number of words by selecting the box and referencing the word count in the lower left corner.

Work Plans using this template may not exceed 20 pages in 12-point font. Applicants may delete the italicized instructions to gain more space for their text. The use of diagrams, visuals, and reference sheets, as well as any letters of collaboration from contributors will not count toward the 20-page limitation.

**Work Plans not using this template may not exceed 10 pages in 12-point font with 1-inch margins. The use of diagrams, visuals, and reference sheets, as well as any letters of collaboration from contributors will not count toward the 10-page limitation.**

## GENERAL INFORMATION

**Project Title**

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|  |

**Name of Organization Submitting the Proposal**

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**Type of applicant**

Select the type of applicant that most closely represent the organization submitting the proposal: Choose an item.

*For Federally recognized Native American Tribal governments or Native American Tribal organizations representing Federally recognized Native American Tribal Governments, list the name(s) of the Indian Tribal entities as they appear on the Bureau of Indian Affairs, Interior;* [*Indian Tribal Entities Within the Contiguous 48 States Recognized by and Eligible to Receive Services from the United States Bureau of Indian Affairs website*](https://www.federalregister.gov/documents/2021/01/29/2021-01606/indian-entities-recognized-by-and-eligible-to-receive-services-from-the-united-states-bureau-of).

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**Total Funding Amount Requested**

|  |
| --- |
| $ A*mount listed here should match the Financial Plan, SF-424, and SF-424A. Use whole dollar amounts.* |

**Regulatory Compliance Statement**

*Select one statement from the following:*

The activities described in this proposed Work Plan are compliant with current Federal and State regulations where the activities will occur.

The activities described in this proposed Work Plan are not compliant with current Federal and State regulations where the activities will occur, but a waiver from the regulatory authorities is included in the proposal’s supporting documentation.

The activities described in this proposed Work Plan are not compliant with current Federal and State regulations where the activities will occur.

**Funding Priority Area**

Select the **one** 2022-23 funding priority that your proposal most strongly supports:

Address gaps in surveillance and investigation activities for SARS-CoV-2 in animals, including farmed animals, captive wildlife, free-ranging wildlife, and companion animals;

Expand knowledge of species susceptibility to SARS-CoV-2 to improve understanding of potential roles or routes of transmission;

Develop surveillance tools and strategies for the rapid detection and characterization of new variants of SARS-CoV-2 to support an early warning system to prevent or limit future outbreaks of SARS-CoV-2;

Identify effective interventions, and other measures to prevent SARS-CoV-2 transmission at the human-animal interface and/or impacts to the food supply.

**Period of Performance**

*Enter proposed project start and end dates (not to exceed 24 months).* *A project start date between March 15 and May 15, 2023, is recommended, but flexibility may be considered*

|  |  |
| --- | --- |
| **Proposed Project Start Date** | **Proposed Project End Date** |
|  |  |

**Geographic Location**

*List the state(s) or region(s) of the country where the proposed activities will take place. List nationwide if applicable.*

|  |
| --- |
| **Geographic Location(s) of Proposed Activities** |
|  |

**Animal Species**

*List all animal species that will be included in your study.*

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| --- |
|  |

**Target Audience**

*Describe in 100 words or less the specific audience or population (end user) that will directly benefit from and/or use the project outcome(s) or deliverable(s).*

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|  |

**Submitting Organization’s Principal Investigator/Program Manager**

*Primary point of contact for administration of the cooperative/interagency agreement.*

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |

**Submitting Organization’s Administrative/Financial Point of Contact**

*Primary point of contact for financial administration of the cooperative/interagency agreement.*

|  |  |
| --- | --- |
| **Name** |  |
| **Title** |  |
| **Phone** |  |
| **Email** |  |

**Co-investigators**

*Name, type, title, organization, phone number, and email of co-applicants. Add rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Organization** | **Phone** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |

**Senior Personnel/Collaborators**

*Name, type, title, organization, phone number, and email of other collaborators that will play a key role in project implementation. Add rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Title** | **Organization** | **Phone** | **Email** |
|  |  |  |  |  |
|  |  |  |  |  |

**Other Proposals Submitted to These Opportunities**

*If submitting multiple proposals to either this or the USDA APHIS American Rescue Plan: SARS-CoV-2 in Animals Tribal Funding Opportunity, list all other submissions in the table below.*

|  |  |  |
| --- | --- | --- |
| **Funding Opportunity** | **Application Number** | **Project Title** |
|  |  |  |

**Submissions to Other Opportunities**

*If this proposal has been submitted to Federal funding opportunities other than those listed above, describe those opportunities below (e.g., funding opportunity title, amount requested).*

|  |  |
| --- | --- |
| **Funding Opportunity Title** | **Amount Requested** |
|  |  |

**Projects Currently Funded**

*If you have any currently funded projects related to the four priorities listed in this opportunity, describe those projects below (e.g., project title, summary of project, amount received).*

|  |  |  |
| --- | --- | --- |
| **Project Title** | **Brief Summary** | **Amount Received** |
|  |  |  |

### Executive Summary

A concise executive summary of no more than 500 words is required for all projects. **If the executive summary exceeds 500 words, only the first 500 words will be used.** *Provide a brief overview of the project, including the specific problem that the project solves, what will be delivered and/or accomplished, and the target audience that will directly benefit from the project’s outcomes. Please do not include any general information about SARS-CoV-2 or why the control of SARS-CoV-2 is important.*

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### Project Goals, Objectives, and Need for Assistance

**Objectives**

*List each specific objective the proposed project will accomplish, the funding priority addressed, and the expected results or benefits to be derived from this work and effort. The objectives described in this section are intermediate steps taken to achieve the overall purpose of the project activity. Objectives should be measurable and lead to specific results. No more than 3-5 objectives are recommended per proposal.*

|  |  |
| --- | --- |
| **Objectives** | **Description** |
| Objective 1 |  |
| Objective 2 |  |
| Objective 3 |  |
| Objective 4 |  |
| Objective 5 |  |

**Critical Relevant Need or Problem Requiring Solution**

*Describe in 200 words or less the critical need that this project will address or what problem the project will solve. Include how the need or problem aligns with the priority area(s) described in the Funding Opportunity Announcement.*

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**Background and Significance**

*Provide supporting information for justifying why the proposed work needs to be done. Describe and reference any documents (e.g., articles, reports, testimonies, preliminary data from other ongoing or planned studies, letters of collaboration) from end users of the deliverables (other than the applicant) that support the need for the project. Describe prior or preliminary work demonstrating feasibility of the proposed project. If attachments are needed, list them and upload them separately from the Work Plan.*

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**Alignment to the four funding priorities listed in Section A.2.**

*Describe in 100 words or less how the identified need or problem aligns with one or more of the priorities described in the Funding Opportunity Announcement.*

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**Expected Impact and Value** *Describe in 100 words or less the anticipated impact and value that this project will provide in the selected priority area(s) from the Funding Opportunity Announcement.*

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### Approach

**Outcomes and Deliverables**

*For each objective listed in Section II, describe the individual outcomes that will demonstrate successful completion of the objective, including the deliverables for each. Identify in which quarter of the project each activity is expected to begin and end. Add rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Outcomes and Deliverables** | **Start** | **End** |
| Objective 1 | | | |
| 1.1 |  |  |  |
| 1.2 |  |  |  |
| Objective 2 | | | |
| 2.1 |  |  |  |
| 2.2 |  |  |  |
| Objective 3 | | | |
| 3.1 |  |  |  |
| 3.2 |  |  |  |
| Objective 4 | | | |
| 4.1 |  |  |  |
| 4.2 |  |  |  |
| Objective 5 | | | |
| 5.1 |  |  |  |
| 5.2 |  |  |  |

**Activities and Methods**

*For each outcome listed above, provide a detailed description of the proposed activities and methods that will be used. Include any applicable protocols, including biosafety practices, use of human subjects, use of vertebrate animals, standards that will be met, or other supporting information.*

|  |  |
| --- | --- |
| **Activities or Methods for Each Outcome or Deliverable** | |
| Objective 1 | |
| 1.1 |  |
| 1.2 |  |
| Objective 2 | |
| 2.1 |  |
| 2.2 |  |
| Objective 3 | |
| 3.1 |  |
| 3.2 |  |
| Objective 4 | |
| 4.1 |  |
| 4.2 |  |
| Objective 5 | |
| 5.1 |  |
| 5.2 |  |

**Additional Partners**

*List organizations, cooperators, consultants, or other key individuals, in addition to those listed in Section I, who will contribute to the project. This may include, but is not limited to, land grant or other universities; State or national livestock, wildlife, sportsmen, or conservation organizations with direct and significant interest in the control of SARS-CoV-2; or a Federal agency. A letter of collaboration from each partner should be uploaded separately from the Work Plan as attachments.*

|  |  |
| --- | --- |
| **Name, Title, Organization** | **Role or Contribution** |
|  |  |
|  |  |
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**Need for APHIS Assistance**

*Describe any support needed from APHIS to accomplish the project objectives, such as help from APHIS subject matter experts or diagnostic support. Include a description of the quantity or duration of the need for assistance. Add rows as needed.*

|  |  |
| --- | --- |
| **Type of Assistance Requested** | **Describe the Need for APHIS Assistance** |
|  |  |
|  |  |

**Qualifications and Relevant Experience of the Principal Investigator/Program Manager and Lead Technical Experts**

*Present the qualifications of the lead technical experts and other key personnel indicating their ability to successfully complete the project. Applicants may attach this information in separate documents instead of listing it here. Add additional rows as needed.*

|  |  |
| --- | --- |
| **Name and Title** |  |
| **Organization** |  |
| **Role in this project** |  |
| **Qualifications and Relevant Experience** |  |

**Timelines**

*Attach a chart of timelines for project milestones and describe anticipated challenges with accomplishing these timelines if relevant.*

**Potential Problems and Anticipated Solutions**

*Describe any factors that may negatively impact the project (potential problems) and how these factors might be mitigated to reduce risks (anticipated solutions). Be sure to address any situations that may cause a delay in the project schedule, resulting in activities not being completed in the proposed period of performance.*

|  |  |
| --- | --- |
| **Potential Problems** | **Anticipated Solutions** |
|  |  |

**Best Practices, Innovations, or Unusual Features**

*In 100 words or less, describe any of these that may apply: (1) How the proposed approach aligns with best practices, standards, or guidelines that will assure high quality results; (2) How the proposed approach is novel or innovative; and/or, (3) 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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**Equity**

*Describe how this proposal supports equity, diversity, environmental justice, and/or accessibility of services. Describe how this proposal supports or involves underserved communities listed in Section A.3..*

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### Performance Methods and Criteria

**Quantitative and Qualitative Project Evaluation Methods and Criteria for Success**

*Describe the methods and the criteria that the Recipient will use to evaluate the project’s results, outcomes, and deliverables, including how the Recipient will determine the success of each objective and the overall project.*

|  |  |
| --- | --- |
| **Objectives** | **Quantitative (Measurable) and Qualitative Evaluation Methods and**  **the Criteria Used to Measure Success** |
| Objective 1 | |
|  | |
| Objective 2 | |
|  | |
| Objective 3 | |
|  | |
| Objective 4 | |
|  | |
| Objective 5 | |
|  | |
| Overall Project | |
|  | |

**Information and Data Management**

*Discuss the management of information or data that is developed and/or collected during the project, including a description of how this information or data will be shared and maintained.*

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**Knowledge and Technology Transfer**

*Describe how the knowledge and/or technology gained and/or results achieved through the completion of the project will be shared with others to control or prevent SARS-CoV-2 in susceptible animals.*

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**Existing Patents, Code, Data Rights**

*Describe any pre-existing patents, code, and/or data rights that will be associated with this project.*

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1. Budget Justification

All costs must be reasonable and necessary to complete the project and budget requests should reflect a good use of existing resources. Information provided in this section must align with the cost guidance outlined in Section B.1 and support the information provided in the project’s Financial Plan. **Specific and detailed justification for each budget category is required.**

**Funding Requested**

*For each of the objectives listed in Section II, provide the total amount of funding requested.*

|  |  |
| --- | --- |
| **Objectives** | **Amount of Funding Requested** |
| Objective 1 |  |
| Objective 2 |  |
| Objective 3 |  |
| Objective 4 |  |
| Objective 5 |  |
| **Total** |  |

**Personnel Funded by the Project**

*Describe all personnel who will be paid by the project for each objective, including the number of people and the number of hours for each position. Include a short description of the title or type of personnel needed and what they will do (purpose or role). If the personnel name is not yet known, list as Technician 1, Trainer 2, or similar. Add rows as needed.*

|  |  |
| --- | --- |
| **Personnel** | **Role and Justification for Each Position/Person** |
| Objective 1 | |
|  |  |
|  |  |
| Objective 2 | |
|  |  |
|  |  |
| Objective 3 | |
|  |  |
|  |  |
| Objective 4 | |
|  |  |
|  |  |
| Objective 5 | |
|  |  |
|  |  |

**Fringe Benefits**

*Provide the fringe benefit rate and a description of what the rate includes for each of the personnel listed in the table above. Fringe benefits may include health/life insurance, leave, unemployment insurance, workers’ compensation, retirement, social security, pensions, etc.*

|  |  |  |
| --- | --- | --- |
| **Personnel** | **Rate** | **Fringe Benefit Description** |
| Objective 1 | | |
|  |  |  |
|  |  |  |
| Objective 2 | | |
|  |  |  |
|  |  |  |
| Objective 3 | | |
|  |  |  |
|  |  |  |
| Objective 4 | | |
|  |  |  |
|  |  |  |
| Objective 5 | | |
|  |  |  |
|  |  |  |

**Travel**

*Describe local, out of state and international travel needed to accomplish each objective, including details for each traveler. Identify the objective(s) where the travel is needed and number of trips to achieve the objective(s). If a traveler's name is not yet known, list as Person 1, Trainer 2, or similar. For local travel (no overnight stay), indicate “0” for number of nights of lodging. For means of travel, describe transportation type (air, GOV for government owned vehicle, etc.). Add rows as needed.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Traveler Name, Title** | **Trip Purpose, Justification, and Objectives Where Travel Is Needed** | **# Trips** | **# Nights Lodging (per trip)** | **Starting Location and Destination** | **Means** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**Equipment**

*Describe the type, purpose, and quantity of equipment having a per unit value greater than $5,000 needed to accomplish the project. Identify the objective(s) where the equipment will be used. Recipient procurements must be in accordance with* [*2 CFR Part 200.317*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#200.317) *or* [*2 CFR Part 200.318*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#200.318)*, as applicable. Add rows as needed.*

|  |  |  |
| --- | --- | --- |
| **Type of Equipment to be Purchased** | **Purpose, Justification, and Objectives Where Equipment Will Be Used** | **Quantity and Value** |
|  |  |  |
|  |  |  |
|  |  |  |

*Describe how each type of equipment will be disposed of or utilized after the period of performance.*

|  |
| --- |
|  |

**Supplies**

*Describe the type, purpose, and quantity of consumable supplies needed to accomplish the project. Identify the objective(s) where the supplies will be used. Recipient procurements must be in accordance with* [*2 CFR Part 200.317*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#200.317) *or* [*2 CFR Part 200.318*](https://www.ecfr.gov/current/title-2/subtitle-A/chapter-II/part-200#200.318)*, as applicable. Describe how any unused supplies totaling more than $5,000 will be disposed at the end of the project. Add rows as needed.*

|  |  |  |
| --- | --- | --- |
| **Type of Supplies to be Purchased** | **Purpose, Justification, and Objectives Where Supplies Will Be Used** | **Quantity and Value** |
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|  |  |  |
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*Describe how unused supplies totaling more than $5,000 would be disposed of or utilized after the period of performance.*

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**Contracts/Sub-Agreements**

*Describe contracts and/or sub-agreements to be awarded by the recipient to accomplish the project, including specific details about what the contract or sub-agreement will provide to the project. Include the objective(s) where the contract and/or sub-agreement is needed. Add rows as needed.*

|  |  |
| --- | --- |
| **Name of Contractor/Contributor** | **Purpose, Justification, and Objective(s) Where the Contract or Sub-Agreement Will Contribute** |
|  |  |
|  |  |
|  |  |

**Other Costs**

*Describe and provide justification for all other costs listed in the Financial Plan. Add rows as needed.*

|  |  |
| --- | --- |
| **Type of Other Cost** | **Purpose, Justification, and Objective(s) Where the Other Costs Apply** |
|  |  |
|  |  |
|  |  |

**In-Kind Contributions to the Project**

*Describe in-kind contributions that the submitting organization will provide to each objective. Type of contribution may include personnel, facilities, equipment, event space, travel, and other items that will assist in completing the project outcomes or deliverables. Add rows as needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Contributor Name** | **Type of Contribution** | **Description of the Contribution and Applicable Objectives** | **Quantity** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### Supplemental Information

**References**

*Provide references to support the proposed method/approach using either current scientific knowledge or relevant experience, as applicable.*

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**Supporting Documents**

*List any supporting documents (e.g., articles, reports, testimonies from concerned interests other than the applicant, preliminary data from other ongoing or planned studies, letters of collaboration) supporting the need for the project. When referring to specific documents from this list in the proposal Work Plan, applicants may refer to documents from this list using a numbered format. Upload these documents separately from the proposal Work Plan.*

|  |
| --- |
| **List of Supporting Documents** |
|  |
|  |