National Animal Disease Preparedness and Response Program (NADPRP)   
**2019 Training and Exercise Project Proposal** *-* Cooperative/Interagency 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.*

**GENERAL INFORMATION**

|  |  |
| --- | --- |
| *Project Title:* |  |
| *Name of Organization Submitting the Proposal:* |  |

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

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

*Is this a “Group Proposal”?*

Yes, this application represents a group proposal from multiple contributors, with funds to be distributed to more than one recipient using more than one agreement. The name of the organization submitting this proposal is the lead for the project.

No, this application is NOT to be considered a group proposal because all funds will be received by one recipient.

*Select the type of applicant entity from the list below. For a “Group Proposal”, select the entity of the project lead submitting the proposal:*

State department of agriculture

Office of the chief animal health official of a State

Entity eligible to receive funds under a capacity and infrastructure program (as defined in section 251(f)(1)(C) of the Department of Agriculture Reorganization Act of 1994 (7 U.S.C. 6971(f)(1)(C))). This includes entities eligible for the [National Institute of Food and Agriculture Federal Assistance Programs](https://nifa.usda.gov/sites/default/files/resource/National-Institute-of-Food-and-Agriculture-Program-Listing-May-2018.pdf) such as Land Grant Universities

College of veterinary medicine, including a veterinary emergency team at such college

State or national livestock producer organization with direct and significant economic interest in livestock production

State emergency agency

State, national, allied, or regional veterinary organization or specialty board recognized by the American Veterinary Medical Association

Indian Tribe

Federal agency

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

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

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**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/Interagency 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 NADPRP 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 responder biosecurity capabilities in XYZ state.) 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:* |  |
| *Objective 2:* |  |
| *Objective 3:* |  |
| *Objective 4:* |  |
| *Objective 5:* |  |

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 NADPRP (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.* *For group proposals only, indicate if a listed contributor requests a separate agreement. Add or delete rows as needed.*

|  |  |
| --- | --- |
| *Contributor Name and Roles/ Responsibilities* |  |
| *Contributor Name and Roles/ Responsibilities* |  |
| *Contributor Name and Roles/ Responsibilities* |  |
| *Contributor Name and Roles/ Responsibilities* |  |

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.

**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. 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

*For each milestone, describe what methods will be used to accomplish or achieve the milestone, 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 |  |  |  |  |
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| 5.1 |  |  |  |  |
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| 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 VS technical personnel to accomplish any project milestones, describe the type of assistance needed. List the position title, activity type, and number of hours expected from APHIS VS technical staff whose assistance is requested to complete the project. For example, area veterinarian in charge (AVIC), participate in exercise, 8 hours. Add or delete rows as needed.*

|  |  |  |
| --- | --- | --- |
| *Title* | *Type of Activity / Assistance* | *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. Permanent personnel are not allowed, including salaries for full time equivalent personnel already on staff. Add or delete rows as needed.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Milestone* | | *Personnel Title* | *Purpose* | *Labor Hours* |
| 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 |  |  |  |  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Milestone* | | *Quantity* | *Equipment Description* | *Purpose* |
| 1.1 |  |  |  |  |
| 1.2 |  |  |  |  |
| 1.3 |  |  |  |  |
|  |  |  |  |  |
| 2.1 |  |  |  |  |
| 2.2 |  |  |  |  |
| 2.3 |  |  |  |  |
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| 3.1 |  |  |  |  |
| 3.2 |  |  |  |  |
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| 4.1 |  |  |  |  |
| 4.2 |  |  |  |  |
| 4.3 |  |  |  |  |
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| 5.1 |  |  |  |  |
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*How will equipment be disposed at the end of the project?*

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1. Supplies Funded by the Project

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Milestone* | | *Quantity* | *Supplies Description* | *Purpose* |
| 1.1 |  |  |  |  |
| 1.2 |  |  |  |  |
| 1.3 |  |  |  |  |
|  |  |  |  |  |
| 2.1 |  |  |  |  |
| 2.2 |  |  |  |  |
| 2.3 |  |  |  |  |
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| 3.1 |  |  |  |  |
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| 4.1 |  |  |  |  |
| 4.2 |  |  |  |  |
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*For unused supplies totaling more than $5000 at the end of the project, how will they be disposed?*

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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. |  |  |

* 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. |  |

1. Contracts and Sub-Agreements

*List any contracts or sub-agreements to be awarded using project funds, including type of Contractor (e.g., training specialist, exercise coordinator), name, and purpose of contract or the sub-agreement. Add or delete rows as needed.*

|  |  |
| --- | --- |
| *Type and Name of Contractor/Name of Contributor* | *Purpose of Contract or Sub-Agreement* |
|  |  |
|  |  |
|  |  |

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 |  |  |  |
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| 2.1 |  |  |  |
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| 5.3 |  |  |  |

**Non-Quantitative Performance and Outcomes**

*When performance and outcomes cannot be quantified, list the* *accomplishments and expected completion dates. Examples could include observable progress on developing training or public messages that reach an unknown audience. Add or delete rows as needed.*

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

**Project Evaluation**

*Explain criteria to be used by the Recipient to evaluate results and determine the successes of the project (e.g., Exercise Evaluation Guides).*

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*Describe method(s) the Recipient will use to determine if expected results and benefits are received (e.g., After Action Report, Improvement Plan).*

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*Discuss how the project increases capabilities, capacity and readiness, including the level of improvement in capability (e.g. describe how trainees can perform tasks with more proficiency after training as compared to before the training).*

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**TARGET AUDIENCE AND GEOGRAPHIC LOCATION**

*Attach a description of the audience, maps or other graphic aids if desired.*

*State(s) where project will be conducted:*

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*Geographic area [State(s)] where results will be used or benefits received:*

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*Specific audience or population to benefit from project outcomes (e.g., livestock or poultry producers, practicing veterinarians, state emergency management personnel, etc.):*

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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 or Other Key Personnel

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

Technical Expert or Other Key Personnel

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

Technical Expert or 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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