Please note: These procedures may be revised as the situation develops.

I.   PURPOSE

This document provides guidance for Veterinary Services personnel responding to HPAI. **This document describes financial processes for virus elimination.** USDA will support producers for virus elimination activities (cost effective cleaning and disinfection). Rates are based on the current APHIS calculator and production type and numbers of birds. The *VS 1-23 Form* is used to process payments to the producer for virus elimination activities. In general, an initial payment is made when the Flock Plan is completed, and final payment is made when laboratory testing of environmental samples is completed with negative results reported.

II.   FLOCK PLAN

A. A Flock Plan is required before any payment can be made to the producer to support virus elimination activities.
B. A Flock Plan documents a producer's (poultry owner and/or contract grower, as applicable) intention to eliminate HPAI from their premises and maintain stringent biosecurity measures to prevent transmission or future introduction of the virus. It is an agreement between APHIS, the State Animal Health Official, the poultry owner, and the contract grower, as applicable, acknowledging regulatory intervention and requirements to release State and/or Federal quarantine and be eligible for additional APHIS payments. The Flock Plan describes the methods used for depopulation, disposal, and virus elimination.
C. APHIS personnel work with the producer to develop a Flock Plan using the template provided by HPAI Ops. HPAI Ops should be consulted for any questions regarding the specific details in the Flock Plan.
D. HPAI Ops reviews the Flock Plan, signs, and returns the Flock Plan to the IMT or APHIS personnel for owner signature.
E. APHIS personnel obtain the producer's signature and signatures from the State Animal Health Official and IMT Incident Commander, if applicable.
F. The Flock Plan is stored in EMRS.

III.   VS 1-23 FOR VIRUS ELIMINATION

A. After a Flock Plan is completed, a VS 1-23 may be prepared to support a producer's virus elimination activities. In general, **two VS 1-23s are completed for Virus Elimination**, each for 50% of the total. The first is completed after the Flock Plan is completed and provides initial support for virus elimination. The second is for the remaining amount (50%) and is completed when laboratory testing of environmental samples is completed with negative results reported.
B. The VS 1-23 is prepared by HPAI Ops and calculated based on the number of birds and APHIS flat rates.
C. Information needed to complete the VS 1-23 for virus elimination includes:
    a. Claimant (producer) full legal name and address
    b. Premises Information: premises name, premises identification number, address where birds are located (address, city, county, State, Zip Code)
    c. Type of flock (turkey, chicken, layer, breeder, backyard, etc.)
    d. APHIS flat rate for the type of flock (turkey, layer, broiler)

e. Number of birds indemnified (same as on VS 1-23 for birds)
f. Claimant Data Universal Number System (DUNS) number and confirmation that the claimant has registered in the System for Award Management (SAM). For electronic payment processing, the <u>claimant name on the VS 1-23 must be the same as the vendor name associated with the DUNS number provided</u>. Information about obtaining DUNS numbers and registering in SAM is described in Appendix C. DUNS number is recorded on the top right corner of the VS 1-23.
g. Appraisal Date: the bird appraisal date (usually the presumptive positive date) is used on the VS 1-23
h. Date when laboratory testing of environmental samples is completed with negative results reported: this is required to process the second (final) VS 1-23 payment for virus elimination
i. Note: Mortgage certification on the VS 1-23 is not applicable for the VS 1-23 for virus elimination

D. APHIS personnel obtain the producer's signature and date on the VS 1-23. .
E. APHIS personnel record the producer's DUNS number on the VS 1-23. If the producer claimant does not have a DUNS number, a DUNS/SAM registration instruction sheet is provided (Appendix C).
F. APHIS personnel submit the signed VS Form 1-23 to the Incident Management Team (IMT) Finance/Admin Group or District Administrative Officer.

IV. DOCUMENT RETENTION

The Emergency Management Response System (EMRS) is the designated system of record for HPAI incidents. The following documents related to financial processes for virus elimination are stored in EMRS: the Flock Plan, all VS 1-23 (there are usually two for virus elimination), and the VS 1-31s (transmittal forms). See EMRS data entry and document management instructions in the EMRS Knowledge Management section "HPAI Toolkit." Hard copies of documents with original signatures are kept with the IMT records or stored in the VS District Office.

V. PROCESSING VS 1-23 PAYMENTS FOR VIRUS ELIMINATION

If the premises is associated with a VS IMT, then the VS IMT Finance/Admin Group performs payment tasks as described below. If the premises is not associated with an IMT, these tasks are conducted by the VS District Administrative Officer.

A. <u>IMT Finance/Admin Group</u>
1. APHIS personnel provide the producer-signed VS 1-23(s) to the IMT Finance/Admin Group, who review it for completion and work with APHIS personnel to obtain any missing information.
2. For electronic payment processing, the claimant(s) must obtain a DUNS number and register in SAM. See DUNS and SAM Information sheet for instructions (Appendix C). The IMT Finance/Admin Group will hold the VS 1-23 until the DUNS/SAM process is completed and a FMMI vendor code is obtained and recorded in EMRS and on the VS 1-23.
3. After the IMT Finance/Admin Group has reviewed the VS 1-23 and added the DUNS number and FMMI vendor code, the signed VS 1-23(s) are sent to HPAI Budget.

B. <u>HPAI Budget:</u>
1. HPAI Budget validates totals and verifies that all payment processing information is correctly reported.
2. The HPAI Budget Director signs the VS 1-23 in Box 41 and provides a copy to the IMT Finance/Admin Group for storing in EMRS.

3. HPAI Budget prepares the VS 1-31 Indemnity Payment Request and submits the VS 1-23 and VS 1-31 to APHIS-MRPBS-FMD-FOST for payment processing.

VI.   CONTACT INFORMATION

Questions on financial processes and VS 1-23s for virus elimination should be communicated to the HPAI OPS Group email box (hpaiops@aphis.usda.gov) or to the HPAI Budget Team (hpai.budget.team@aphis.usda.gov).

VII.   LINKS TO RESOURCES

♦ [HPAI Response & Policy Information](#)

VIII.   APPRAISAL AND INDEMNITY PROCESS FOR VIRUS ELIMINATION

(Figure follows on next page).

Documents for the HPAI Appraisal & Indemnity Process – Virus Elimination

1 ***Flock Plan***	**Documents the producer's intention to eliminate HPAI and maintain biosecurity and serves as an agreement between APHIS, State, and Owner regarding regulatory requirements. Required for virus elimination payment.** • Prepared by case manager and owner based on APHIS templates • HPAI Ops approves and signs (must be approved by HPAI Ops before owner signs) • Owner signs • State and APHIS IMT or District Director signs

2 ***VS 1-23 Appraisal & Indemnity***	**Official Indemnity Form used for Virus Elimination Costs** • Reimbursable amounts are calculated based on the number of birds and APHIS flat rates. • In general, **two VS 1-23s are created for virus elimination**, each for 50% of total. The initial VS 1-23 is signed and paid after the Flock Plan is completed, and second (final) VS 1-23 is signed and paid after laboratory testing of environmental samples is completed with negative results reported. • Number of birds on the Virus Elimination VS 1-23 must be the same as on the VS 1-23 for indemnified birds. • The date when laboratory testing of environmental samples is completed with negative results is recorded on the second (final) VS 1-23. • HPAI Ops completes and signs as Expert Appraiser (Box 29). • APHIS personnel obtain owner/claimant signatures and initials. • Owner/claimant signs and date (Box 30, 31). • APHIS personnel sends owner-signed document to IMT or District Finance staff for review; DUNS and FMMI vendor numbers are added for payment processing. • HPAI Ops verifies that Flock Plan is completed for final payment. • IMT Finance/Admin Group sends to HPAI Budget for payment processing and creates appraisal record in EMRS. • HPAI Budget signs as Federal Approver (Box 41). • HPAI Budget creates payment package and sends to APHIS FOST for final payment and records payment date in EMRS.

3 ***DUNS/SAM***	**Registration process that allows USDA to electronically pay claimants.** • Claimant obtains a DUNS (Dun & Bradstreet Universal Number System) number online and registers in SAM (System for Award Management). • Claimant provides DUNS number to Case Manager or District Financial staff. • APHIS personnel or District Finance staff add DUNS number to VS 1-23 for payment processing.

Example of VS 1-23 Form for Virus Elimination

VS 1-23 FOR HPAI VIRUS ELIMINATION

This information is required to be completed for the appraisal of animals, for which indemnity is claimed. No monies or other benefits may be paid out unless this report is completed and filed as authorized under (9 CFR 51).

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0047. The time to complete this collection of information is estimated to average .0160 hours per response, including the time for reviewing instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

DUNS NUMBER:

OMB NUMBER 0579-0047

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES
APPRAISAL AND INDEMNITY CLAIM FORM

__ ANIMALS DESTROYED __ MATERIALS DESTROYED

1. VS PROGRAM DISEASE NAME — HPAI

2. PREMISES IDENTIFICATION NO. — MYPREMID → REQUIRED

3. HERD/FLOCK IDENTIFICATION NO. SITE NAME USED BY IMT OR ICG

4. HERD/FLOCK DISEASE STATUS INFECTED

5. DATE ANIMALS/MATERIALS DESTROYED 1/1/2016

6. DATE OF CLEANING AND DISINFECTING 1/30/2016

7a. OWNER - CLAIMANT LEGAL NAME — JOSEPH SMITH → CRITICAL

9.a. PREMISES WHERE APPRAISAL WAS MADE *(If different from Item 7)* — SMITH LAYERS

7.b. OWNER - CLAIMANT MAILING ADDRESS *(Number & Street, or RFD)* — 1000 OFFICE STREET

9.b. PREMISES ADDRESS *(Number & Street, or RFD)* — 1000 BIRDHOUSE STREET

7.c. CITY OFFICE CITY | **7.d. STATE** MYSTATE | **7.e. ZIP CODE** MYZIP

9.c. CITY INFECTED PREMISES CITY | **9.d. STATE** MYSTATE | **9.e. ZIP CODE** MYZIP

8. IF JOINT OWNERSHIP, GIVE FULL NAME OF ALL OWNERS *(If same as Item 7 a., so state)*

10. COUNTY INFECTED PREMISES COUNTY

LINE	11. DESCRIPTION/IDENTIFICATION/ PAGE NO. OF VS FORM 1-23A (Description of materials or Animal-reactor tag No., Animal ID No., Tattoo, Tag, or Brand)	12. SPECIES	13. AGE	14. SEX	15. BREED	16. VALUE PER UNIT	17. UNIT (head)	18. NO. UNITS/ WEIGHT	19. GRADE ANIMALS OR MATERIALS	20. PUREBRED ANIMALS	21. SALVAGE (FROM VS 1-24)	22. DIFFER-ENCE	23. UNITED STATES	24. STATE AGENCY NOTES
1	HPAI VIRUS ELIMINATION													
2	Total					6.31	HEAD	12,000	$75,720.00					
3	Amount for this payment (50% of total)								$37,860.00					
4	Date when laboratory testing of environmental samples completed: 2/15/2016													
5														

Appraised section headers: APPRAISED | APPRAISAL | TOTAL APPRAISAL | AMOUNT DUE FROM

Annotations:
- **Important**: 1. A signed FLOCK PLAN is required for HPAI virus elimination indemnity payments. 2. HPAI virus elimination payments are made in two installments; first payment is after the flock plan is signed, and second (final) payment is after environmental testing is completed. A VS 1-23 is required for each payment. 3. The date when laboratory testing of environmental samples is completed is required for the second / final virus elimination payment.
- **Flat rate** (16. VALUE PER UNIT = 6.31)
- **# Birds** (18. NO. UNITS = 12,000)
- **Required for final payment** (Date when laboratory testing of environmental samples completed: 2/15/2016)

25. SOURCE OF PRICING DATA AND/OR SPECIAL FACTORS AFFECTING VALUE OF ANIMALS AND/OR MATERIALS: Updated calculator

GRAND TOTALS (Basis for payment) — $37,860.00 | $37,860.00

26. DATE ANIMALS/MATERIALS APPRAISED: [use bird appraisal date]

CERTIFICATION AND APPRAISAL CERTIFICATE

I certify that animals and/or materials listed above are properly identified and are eligible for indemnity and animals and/or materials requiring appraisals are appraised individually unless all animals or materials in a group are of equal value.

OWNER- CLAIMANT MORTGAGER CERTIFICATION *[Initials not required for HPAI Virus Elimination Indemnity]*
I certify that the animals and/or materials identified in this claim are (initials) __, are not (initials) ___, not applicable _ (initials) mortgaged. I further certify that I own or am authorized to represent the owner, or am otherwise the claimant, of the animals and/or materials identified in this claim. I make claim for all amounts due me in accordance with all applicable laws and regulations governing the payment for the animals and/or materials identified in this claim. I fully understand my right to compensation in accordance with all applicable laws and regulations. I hereby ... animals and/or materials shown herein is in accordance with all applicable laws and regulations and I hereby expressly waive ... tion for animals and/or materials identified in this claim above the value at which such animals and/or materials are appraise ... agree to the destruction of said animals and/or materials.

27. NAME AND SIGNATURE OF GOVERNMENT APPRAISER OR REPRESENTATIVE | **28. TITLE**

30. SIGNATURE OF OWNER-CLAIMANT OR AUTHORIZED REPRESENTATIVE IN ITEM 7 OR 8 → OWNER SIGNS | **31. TITLE OF CLAIMANT**

29. NAME AND SIGNATURE OF SPECIAL EXPERT APPRAISER

32. DATE SIGNED

33. IF MORTGAGED, FEDERAL INDEMNITY CHECK WILL BE DRAWN IN FAVOR OF MORTGAGOR AND SHOULD BE MAILED TO: __ OWNER-MORTGAGOR (ITEM 7) ___ MORTGAGEE (ITEM 7)

STATE CERTIFICATION: I certify the amount in item 25 as due from the State Agency is correct and each such amount has been or will be paid the Owner-Claimant.

34.a. NAME AND SIGNATURE OF MORTGAGEE OR AUTHORIZED REPRESENTATIVE

35. NAME AND SIGNATURE → HPAI OPS SIGNS

34.b. MORTGAGEE MAILING ADDRESS → HPAI BUDGET SIGNS

37. STATE AGENCY

34.c. CITY | **34.d. STATE** | **34.e. ZIP CODE**

APPROVED | **39. FOR $** | **40. ALLOTMENT NO.** | **41. NAME OF SIGNATURE** | **42. TITLE** | **43. DATE** | **44. PAGE _1_ OF __**

VS FORM 1-23 (APR 2002)