2021 Joint Funding Opportunity from the National Animal Health Laboratory Network (NAHLN) and National Animal Disease Preparedness and Response Program (NADPRP)

*Proposed Project Work Plan*

**INSTRUCTIONS**:   
The following is the required work plan format for applications to this funding opportunity. Write in a narrative format and include the appropriate information in each block. Increase the size of the block so all content is visible. Work plans are limited to 25 pages total when completed; additional information may be added in appendices. Applicants who submit more than one proposal must submit each proposal as a separate application package with a separate Work Plan.

**Joint NAHLN/NADPRP Priority:**

APHIS will only consider proposals for projects that will develop and/ or evaluate point-of-care diagnostic tests (assays that can be performed at the location of the animals including farms, collection facility, abattoir, etc.) that will enhance the nation’s ability to quickly detect high-consequence FADs and accelerate our response and containment efforts. Priority will be given to high-value projects that best address these topics:

1. Projects to evaluate and/or modify point-of-care FAD diagnostic tests that may be used to respond to a disease outbreak. Projects should include data collected from use of assays in endemic countries to facilitate evaluation and validation for use in the U.S. Projects should evaluate those tests that are most likely to help with early detection in U.S. livestock and support rapid decision-making under field conditions, such as quarantining herds or premises that are presumed positive for the FAD agent. Projects should focus on diagnostics for FAD response purposes such as rapid on-farm disease detection, animal movement decisions, distinguishing infected from vaccinated animals, or virus detection in the environment.
2. Projects focused on developing and / or adapting tests for use in point-of-care settings that can provide actionable results that will help develop policy for use in support of risk-based surveillance, surge capacity testing, and animal movement decisions in an FAD outbreak.

# GENERAL INFORMATION

*Project Title:*

*Name of Submitting Entity (NAHLN Laboratory or Eligible NADPRP Entity):*

*Total Funding Amount Requested:*

*Submitting Institution’s Principle Investigator/Primary Point of Contact:*

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

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

*If input or services from a NVSL Reference Laboratory will be required, identify which laboratory will be needed:*

Foreign Animal Disease Diagnostic Laboratory (FADDL)- ASF, CSF, FMD

Diagnostic Virology Laboratory (DVL)- IAV-A, vND, PRV, VSV

Diagnostic Bacteriology and Pathology Laboratory (DBPL)- BSE

Diagnostic Bioanalytical and Reagents Laboratory (DBRL)- reagents, controls, media

Please provide specifics for input needed from NVSL Reference laboratories (mark all that apply):

Consultation

Reagents, Controls, or Other Supplies. Please specify:

Assays performed by NVSL Reference Laboratory. Estimate the number of samples tested:

Other. Please specify:

**EXECUTIVE SUMMARY** A concise executive summary of no more than 250 words is required for all projects. The executive summary should provide an overview of the project, what it will accomplish, and what it will deliver. Include a brief description of the problem the project solves and the target audience that will directly benefit from the project’s services or outcomes.  
  
If the project is funded, organizations can expect that this executive summary will be used in its entirety or in part for media purposes to include press releases, program reports, and to provide upper echelons of government with a snapshot of the project.

# WORK PLAN - 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 NAHLN and NADPRP including the related roles and responsibilities of the parties as negotiated.

## Work Plan Goals, Objectives, and Need for Assistance

* 1. **Relevant Need or Problem Requiring a Solution**

*Describe how this proposal will address the joint priority of the NAHLN and NADPRP shown on Page 1 of this template.*

* 1. **Goals and Objectives**

*List or explain the specific results or benefits to be derived from this work. 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.*

1. **Key Personnel**

*List all personnel involved in the completion of proposed work.* *Add or delete rows as needed. Please provide separately a biographical sketch for each person listed. A template can be found in Section IV. Supplemental Information.*

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| --- | --- | --- | --- |
| **Name** | **Organization** | **Role on Project** | **Project Objective(s) supported by this individual** |
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# APPROACH

This Section should discuss an overall approach/plan of action and clearly outline objectives, specific aims, and methods used to accomplish the proposed work. Include a detailed description of procedures, controls, and standard operating procedures used. For multi-laboratory proposals, identify mutual roles and responsibilities, those unique to individual institutions, and those of APHIS. Specify technical personnel needed for work to be performed, expected activities by each party, and resources to be contributed by both the applying institutions and APHIS.

## Plan of Action

1. **Specific Aims (Action Items)**

*For each objective listed in Section I, list specific aims and milestones or major achievements that will demonstrate successful completion of the objective. Specific aims/milestones should be associated with approximate start and end dates.*

1. **Background and Significance**

*Provide supporting information for justifying why the proposed work needs to be done. Provide any preliminary data or other documentation that supports the need for the project actions. If attachments are needed, upload them separately from this work plan.*

1. **Methodology**

*Provide a detailed description of how the specific aims for each objective will be accomplished (methodology) and any applicable protocols, action plans, rules, or guidelines (what standards will be met). Please complete and attach separately a Resources Form (template can be found in Section IV) with current facilities and equipment for each institution.*

1. **Milestones and Timeline**

*Provide a summary of expected results for each objective, and an overall timeline for accomplishing all objectives and specific aims.*

1. **Potential Problems and Anticipated Solutions**

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

1. **References**

*Provide a list of all references used to support the proposed work plan.*

## Additional Support

*If there are any other organizations, consultants, or other key individuals not listed in the “key personnel” section that will contribute to this project, list this information below. Please include the project objective they will support. These may be third party contributors who could be in separate agreements. Add or delete rows as needed. Please attach separately all letters of collaboration, or other documentation of this support.*

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| *Name* | *Project Objective(s) supported by this individual* | *Institution* |
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**Description of Support:**

# BUDGET JUSTIFICATION

**Personnel Funded by Project**

*List the project objective supported, titles and institution names for all personnel to be paid for by the project (add or delete rows as needed.) Provide a short justification of their role in the project. Add or delete rows as needed. This may include temporary personnel as needed to complete activities (salaries, wages, and fringe benefits). Funds may not be used to support permanent positions.*

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| *Institution* | *Project Objective(s) supported by this the personnel listed* | *Name/Title* | *# FTEs* | *Cost* |
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**Justification for Personnel:**

**Equipment Funded by Project**

*For each institution participating in this proposal, list the project objective supported by the equipment, quantity, type, and purpose of equipment with a value greater than $5,000 needed to accomplish the objectives. 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.

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| *Institution* | *Project Objective(s) supported by this equipment* | *Equipment to be purchased* | *Quantity* | *Cost* |
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**Justification for Equipment:**

*How will equipment be utilized after completion of the period of performance?*

**Supplies and Reagents Funded by the Project**

*For each institution, provide a justification for all supplies and reagents listed in your budget. Include the project objective the supplies/reagents support, quantity, type, and purpose of consumable supplies needed to accomplish each objective. 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.*

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| *Institution* | *Project Objective(s) supported by these supplies/Reagents* | *Supplies/Reagents* | *Quantity* | *Cost* |
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**Justification for Supplies and Reagents:**

**Travel**

*List each institution, which project objective this travel supports, number of travelers, the anticipated dates of the trip (month, year) and the cost of each trip. Add or delete rows as needed. Provide a short justification for all travel.*

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| *Institution* | *Project Objective(s) supported by this travel* | *# travelers* | *Dates* | *Cost* |
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**Justification for Travel:**

**Contracts**

*List any subcontracts to be awarded by the recipient with project funding including name, country of origin and cost. Please also provide the project objective they will support. Add or delete rows as needed.*

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| *Name of Subcontractor* | *Country (US or Name Foreign)* | *Cost of Subcontract* | *Project Objective(s) supported by this subcontract* |
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**Purpose of each subcontract:**

***List Other Costs****,* ***Cost Sharing / Recipient Contributions****, and* ***Third-Party In-Kind Contributions to the Project****.*

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| *Other Costs* | **Cost Sharing / Recipient Contributions** | **Third-Party In-Kind Contributions** |
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**Relationship to Other Projects**

*Describe the relationship between this project and other work planned, anticipated, or underway under Federal grants or awards or funded through State or other resources. Include relationships, if any, to other projects supported by APHIS VS’ NAHLN or NADPRP programs or other VS programs or agreements. If applicable, describe how this project builds on, expands, or compliments work completed in other successful projects.*

# IV. SUPPLEMENTAL INFORMATION

**Biographical Sketches**

*Provide the following information for all key personnel listed in Section I of this application. Follow this format for each person. Copy and paste this template into a separate MS Word document prior to completing for each individual.*

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| Principal Investigator/Program Director *(Last, first, middle):* | | | | |
| **BIOGRAPHICAL SKETCH** | | | | |
| Provide the following information for the key personnel listed in this application.  Follow this format for each person. | | | | |
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| NAME | | POSITION TITLE | | |
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| EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)* | | | | |
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| institution and location | DEGREE | | YEAR(s) | FIELD OF STUDY |
|  | *(If applicable)* | |  |  |
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| PROFESSIONAL EXPERIENCE: Concluding with present position, list, in chronological order, previous employment, experience, and honors. List, in chronological order, the titles, all authors, and complete references to all publications during the past three years and to representative earlier publications pertinent to this application. If the list of publications in the last three years exceeds two pages, select the most pertinent publications. **DO NOT EXCEED TWO PAGES.** | | | | |

**Laboratory Resources**

*Provide the following information for all institutions listed in Section I of this application. Copy and paste this template into a separate MS Word document prior to completing for each institution.*

Principal Investigator/Program Director (*Last, first, middle*):

**RESOURCES**

FACILITIES: For each institution, specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. Enter “N/A” if a section does not apply to this application. Use continuation pages if necessary.

Laboratory:

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: For each institution, list the most important equipment items already available for this project.

Definitions:

ASF/CSF African swine fever/Classical swine Fever

BSE Bovine spongiform encephalopathy

CWD Chronic wasting disease

FMD Foot and mouth disease

IAV-A Influenza A virus in Avian

IAV-S Influenza A virus in Swine

ISA Infectious Salmon Anemia

vND Newcastle disease

PRV Pseudorabies

SVC Spring viremia of carp

VSV Vesicular stomatitis virus

VHS Viral hemorrhagic septicemia

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