National Animal Health Laboratory Network (NAHLN)

**2020 NAHLN Enhancement Project Proposal**

*Cooperative Agreement Work Plan*

***INSTRUCTIONS****:   
The following is the required 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.* ***Proposal must address ONE priority only.***

# GENERAL INFORMATION

*Project Title:*

*Name of NAHLN Laboratory Submitting the Proposal:*

*NAHLN Priority: (check only one)*

Test Methods Development and Validation  Enhancing Emergency Preparedness

Electronic Data Management  Exercises and Drills

*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):*

**EXECUTIVE SUMMARY** *Describe project in 500 words or less.*

# 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 National Animal Health Laboratory Network (NAHLN) and 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 benefit the NAHLN. Include how the identified need or problem aligns with the elements of the NAHLN (see Funding Opportunity Announcement).*

* 1. **Goals and 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.*

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** |
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# WORK PLAN 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.*

## Need for APHIS Assistance

*Provide a detailed description of any support needed from APHIS to complete the proposed work, such as acquisition of reagents and supplies or technical help from IT or laboratory subject matter experts. Add or delete rows as needed. Please attach separately all letters of collaboration, or other documentation of this support.*

|  |  |  |
| --- | --- | --- |
| *Type of Assistance Requested (SME, reagents + supplies, other)* | *Description*  *(SME name, type and quantity of reagents/supplies, and additional information as appropriate)* | *If SME assistance, approximate # hours requested* |
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## 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. 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* | *Institution* |
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**Description of Support:**

# BUDGET JUSTIFICATION

**Personnel Funded by Project**

*List the 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* | *Name/Title* | *# FTEs* | *Cost* |
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**Justification for Personnel:**

**Equipment Funded by Project**

*For each institution participating in this proposal, list the 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* | *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 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* | *Supplies/Reagent* | *Quantity* | *Cost* |
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**Justification for Supplies and Reagents:**

**Travel**

*List each institution, 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* | *# travelers* | *Dates* | *Cost* |
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**Justification for Travel:**

**Contracts**

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

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| --- | --- | --- |
| *Name of Subcontractor* | *Country (US or Name Foreign)* | *Cost of Subcontract* |
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**Purpose of each subcontract:**

**Relationship to Other Projects**

*Describe the relationship between this project and other work planned, anticipated, or underway under Federal grants or awards. Provide a synopsis of previous accomplishments if this is a continuation of a previously funded Farm Bill project.*

# 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.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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.

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