## **FY 2025 HPAI Poultry Innovation Grand Challenge**

## **Proposal Work Plan Template** **Instructions**

The information requested in this template is required in all HPAI Poultry Innovation Grand Challenge Proposal Work Plans. Applicants are encouraged but not required to use this template.

**Instructions:** Write in narrative format and include the appropriate information in each box. Work Plans are **limited to 25 pages** total when completed. Eligible entities may submit more than one project proposal. Applicants who submit more than one proposal must submit each proposal as a separate application package with a separate Work Plan. This work plan is used by reviewers to make funding recommendations. A description of the criteria that will be used to evaluate your proposal is available in the Notice of Funding Opportunity on the [HPAI Poultry Innovation Grand Challenge](https://www.aphis.usda.gov/funding/hpai-poultry-innovation-grand-challenge) website.

### **GENERAL INFORMATION**

**Project Title**

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**Name of Organization Submitting the Proposal**

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**Total Funding Amount Requested**

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

**HPAI Poultry Innovation Grand Challenge 2025 Priority Area**

Select one of the of the HPAI Poultry Innovation Grand Challenge topic areas that your proposal most strongly supports:

* Topic 1: Develop novel vaccines to protect poultry from highly pathogenic avian influenza (HPAI).
* Topic 2: Develop novel therapeutics to address HPAI in poultry.
* Topic 3: Conduct research to further understand avian influenza in poultry and to improve response strategies.

**Period of Performance**Enter proposed project start and end dates (maximum of 3 years).

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| *A project start date of no sooner than August 1, 2025.* |

**Geographic Location**List the state(s) or region(s) of the country where the project activities will take place.

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**Species and/or Poultry Sector(s) Targeted in this Proposal**

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**Submitting Organization’s Program Contact**

The Program Contact serves as the project principal investigator and assumes overall responsibility for performance reporting and project communication.

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| **Name** |  |
| **Email Address** |  |

**Submitting Organization’s Administrative Contact**

Primary point of contact for administration of the cooperative agreement.

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| **Name** |  |
| **Email Address** |  |

### **AWARD DESCRIPTION**

A concise project description of no more than 350 words is required and should be typed into the box below. It should be written in a narrative format and include:

1. Award purpose: What is the purpose of the cooperative/interagency agreement? For example, “The purpose of this agreement is to develop a novel vaccine to protect poultry from highly pathogenic avian influenza (HPAI).” *(type in box below)*
2. Activities to be performed: What activities will the recipient carry out to achieve the objectives of the cooperative/interagency agreement? *(type in box below)*
3. Deliverables and expected outcomes: Include deliverables and outcomes in the Award Description. Deliverables are specific products to be produced from the cooperative/interagency agreement such as vaccines, therapeutics, reports, educational materials, websites, standard operating procedures, publications, documents to support decision-making, etc. For example, “The project will deliver a novel vaccine to protect poultry from highly pathogenic avian influenza (HPAI).” Expected Outcomes describe the project’s anticipated impact on a specified target audience. For example, “The project will address the impact of ventilation systems on HPAI virus transmission in commercial poultry premises.” *(type in box below)*
4. Intended beneficiary(ies): Who will benefit from this beyond the recipient? This could be a community or other group of stakeholders. *(type in box below)*
5. Subrecipient activities, if known or specified at the time of award: If the award will result in subawards, then who are the sub-awardees and how does the subaward support the prime award? *(type in box below if relevant)*

The short description is used by reviewers during the proposal selection process. If the project is funded, this will be the Official Award Description for the cooperative agreement and will be published on websites listing federal awards and used for media purposes including press releases and program reports.  
*Limit this project description to* ***350 words.***

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### **PROJECT OBJECTIVES, BACKGROUND, AND EXPECTED VALUE**

**Objectives**  
List each objective the project will accomplish, including the expected results or benefits to be derived from this work and effort. The objectives described in this section form the building blocks for all subsequent sections of the Work Plan. Objectives should be specific and lead to measurable results. Enter the total cost for each objective; this should match the Financial Plan. Limit each objective to 1-3 sentences. Add rows as needed.

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| --- | --- | --- |
| *Objective* | *Amount* | *Objective Narrative* |
| *Objective 1* |  |  |
| *Objective 2* |  |  |
| *Objective 3* |  |  |
| *Objective 4* |  |  |
| *Objective 5* |  |  |

**Background and Significance**

Provide a justification for why the proposed work needs to be done, addressing any gaps in understanding. Reference any documents that describe the need such as reports from relevant organizations, or testimonies from concerned interests other than the applicant, that supports the need for the project.

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**Expected Impact and Value**

Describe the anticipated impact and value that this project will provide to the target audience and other stakeholders in the priority area described in the Notification of Funding Opportunity.

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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 Federally funded programs or agreements. If applicable, describe how this project builds on, expands, or compliments work completed in other successful projects.

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### **APPROACH**

**Deliverables and Outcomes**

For each objective listed in Section III, describe the specific deliverables that will be produced and the expected outcomes that will demonstrate successful completion of the objective. Provide clear information about what will be delivered in each year of the project. Add rows as needed.

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| --- | --- |
| **Objectives** | **Deliverables and Outcomes** |
| **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/Methods**

For each objective listed in Section III, provide a detailed description of the proposed activities and methods that will be conducted to achieve the objective and produce the deliverables and outcomes described above. Include any applicable protocols, including biosafety practices, use of human subjects, use of vertebrate animals, standards that will be met, or other supporting information. Provide estimated start and end dates of each activity/method. Add rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Objectives** | **Activities/Methods** | **Start Date** | **End Date** |
| **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 Contributors**

List additional organizations, cooperators, consultants, or other technical experts, in addition to the Program Contact listed in Section I, who will be working on the project. This may include third-party contributors who could be in separate agreements with the parties to the agreement covered by this project. Add rows as needed.

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| **Name, Title, Organization** | **Contribution to the Project** |
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**Consultation**

List entities who may be consulted to facilitate the successful achievement of the objectives, deliverables, and/or outcomes. This could include producers, industry organizations, State or Federal entities, and others.

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**Need for Federal Personnel / Assistance**

A Program Manager will be assigned to manage the cooperative agreement. Describe any additional support needed from APHIS personnel or personnel from other Federal agencies to accomplish the project objectives, such as help from subject matter experts.

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**Project Evaluation**

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

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| **Objectives** | **Quantitative (Measurable) and Qualitative Methods and Criteria that will be Used  to Evaluate Successful Completion of Each Objective and the Overall Project** |
| **Objective 1** |  |
| **Objective 2** |  |
| **Objective 3** |  |
| **Objective 4** |  |
| **Objective 5** |  |
| **Overall Project** |  |

**How Project Deliverables and Outcomes Will Be Shared**

Describe how the Recipient expects to share the results, knowledge, deliverables, and outcomes from this project with stakeholders. This may include presentations, publications, websites, and other types of common communications for the Recipient and nature of this work.

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**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 risk (anticipated solutions).

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

Describe any of these that 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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**Other Information**

Use this space to describe other information about the project that may be helpful to proposal reviewers.

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### **BUDGET JUSTIFICATION / RESOURCES REQUIRED**

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 clearly align with and support the information provided in the project’s financial plan. **Specific and detailed justification for each budget category is required.** Reference the [*Guidelines for Use of Funds*](https://www.aphis.usda.gov/sites/default/files/hpai-innovation-guidelines-funds.pdf) document available at the [HPAI Poultry Innovation Grand Challenge](https://www.aphis.usda.gov/funding/hpai-poultry-innovation-grand-challenge) website for additional information. All information in this section should align with the project’s Financial Plan.

**Personnel Funded by the Project**

Describe all personnel who will be paid by the project for each objective, including the number of people and 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.

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| --- | --- |
| **Personnel** | **Role and Justification for Each Position / Person** |
| Objective 1 | |
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| Objective 2 | |
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| Objective 3 | |
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| Objective 4 | |
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| Objective 5 | |
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**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. Add rows as needed.

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

Describe both local and extended travel needed to accomplish each objective, including details for each traveler. Identify the objective(s) where the travel is needed. If a traveler 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.). **Travel rates can’t exceed the Federal GSA Per Diem Rates for lodging and M&IE**. To check Federal GSA rates, visit: [Per Diem Rates | GSA](https://www.gsa.gov/travel/plan-book/per-diem-rates). Add rows as needed.

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Traveler Name or Position Name** | **Trip Purpose, Justification, and Objectives Where Travel is Needed** | **Starting Location & Destination** | **Means of Travel** | **# nights lodging** | **Total mileage (if local travel)** |
| **Trip #1** |  |  |  |  |  |  |
| **Trip #2** |  |  |  |  |  |  |
| **Trip #3** |  |  |  |  |  |  |

**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.

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| **Type of Equipment to be Purchased** | **Purpose, Justification, and Objectives Where Equipment Will Be Used** | **Quantity** |
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Describe how the listed above equipment will be disposed of or utilized after the period of performance.

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**Supplies**

For each objective, describe the type, purpose, and quantity of consumable supplies needed to accomplish the project. Recipient procurements must be in accordance with 2 CFR Part 200.317 or 2 CFR Part 200.318, as applicable. Add rows as needed.

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

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**Contracts/Subawards**

Describe contracts and/or subawards to be awarded by the Recipient to accomplish the project, including specific details about what the contract(s) or subaward(s) will provide to the project. Include the objective(s) where each contract or subaward is needed. Describe whether the subaward/ contract will be competitive or sole source. If sole source, provide a justification. Add rows as needed.

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| **Name of Contractor/ Subaward Recipient** | **Purpose, Justification, and Objective(s) Where the Contract or Subaward Will Contribute** |
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**Other Costs**Describe and provide justification for all other costs listed in the Financial Plan. Include the objective(s) where the cost is incurred. Add rows as needed.

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| **Type of Other Cost** | **Purpose, Justification, and Objective(s) Where Other Costs Apply** |
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**Cost Sharing/Recipient Contributions**

Cost sharing, matching, or cost participation is not required; however, Recipient contributions of value should be captured and reported if incurred. Describe any non-Federal allowable costs that the Recipient will contribute towards the project as part of a cost share and include the applicable objective. If an applicant includes contributions as part of a cost share in their budget proposal and it is accepted by APHIS, the commitment of funds becomes legally binding, must be reported on the SF-425, and is subject to audit. Add rows as needed.

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| --- | --- | --- |
| **Objective #** | **Type of Contribution** | **Purpose, Justification for the Contribution** |
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**Third-Party In-Kind Contributions to the Project**

Describe third-party in-kind contributions that the third-party contributor will provide to each milestone /objective. These types of non-cash contributions are those that have value such as property or services that will benefit the project and are contributed by non-Federal third parties without charge. These do not need to be reflected on Financial Plan. Add rows as needed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective #** | **Contributor Name** | **Type of Contribution** | **Contribution Description** | **Quantity** |
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1. **SUPPLEMENTAL INFORMATION**

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

Describe the relevant experience and qualifications of the principal investigator and lead technical experts indicating their ability to successfully complete the project. Applicants may upload this information separately from the Work Plan as attachments in the ezFedGrants system. Add additional rows as needed.

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

**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 protected, 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.

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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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*Note that Work Plans are* ***limited to 25 pages*** *total when completed and must be converted into a .pdf format for upload into ezFedGrants. Applicants may delete instructions and remove unnecessary spaces between boxes if additional space is needed to stay within the 25-page limit, as long as all the required information typed in the boxes is provided.*